# MINISTRY OF HEALTH

# 1989/1990

# ANNUAL REPORT

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HONOURABLE BRUCE STRACHAN
MINISTER OF HEALTH AND
MINISTER RESPONSIBLE FOR SENIORS

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**About the Cover**

The cover image of hands coming together represents the Ministry of Health's recognition of the importance of British Columbian's individual and collective efforts toward improving our health status.

Office of the Minister of Health
Parliament Buildings, Victoria, B.C.

June 15, 1991

The Honourable David Lam
Lieutenant-Governor of the
Province of British Columbia

May it please your Honor:

The annual report of the Ministry of Health for 1989/90 is herewith respectfully submitted.

Bruce Strachan
Minister of Health and
Minister Responsible for Seniors

Ministry of Health
Victoria, B.C.

June 15, 1991

The Honourable Bruce Strachan
Minister of Health
Victoria, B.C.

Sir:

I have the honor of submitting the annual report of the Ministry of Health for 1989/90.

Krysia Strawczynski
Deputy Minister of Health

## INTRODUCTION

*The mission of the Ministry of Health is to not only maintain, but also improve the health status of all British Columbians. To accomplish this mission, the ministry provides management and leadership of the health care system on behalf of the provincial government.*

*The province continues to deliver one of the most progressive health care systems in the world. This document reports ongoing development of these services and programs in response to health care needs of British Columbians. The year's activities have taken the province's health care system to a new level by broadening its scope and service delivery to include issues such as health promotion, community native health and environmental health protection.*

*The ministry is committed to supporting and reinforcing British Columbians' individual and community efforts toward health. In this way, working together, issues can be identified and solutions can be jointly developed, resulting in a system that can effectively respond to the ongoing challenges facing the delivery of health care.*

# MINISTRY OF HEALTH

# ORGANIZATIONAL CHART

# MARCH 31, 1990

## TABLE OF CONTENTS


**Community and Family Health** .... 9

Family Health ..... 12

B.C. Centre for Disease Control ..... 17

Environmental Health Protection..... 19

Office of the Provincial Health Officer..... 21

Forensic Psychiatric Services Commission..... 22

Mental Health Services..... 23

**Institutional Services** ..... 25

Ambulance Service ..... 26

Hospital Programs ..... 28

Continuing Care ..... 34

Institutional Management Resources..... 40

Facilities Planning and Construction..... 41

**Medical Services Commission** ..... 43

Medical Services Plan ..... 44

Pharmacare ..... 48

**Management Operations** ..... 51

Operational Review..... 52

Human Resources ..... 52

Staff Development and Safety Programs ..... 53

Systems ..... 54

Support Services..... 54

Policy, Planning and Legislation ..... 55

Communications & Education ..... 56

Office of Health Promotion..... 58

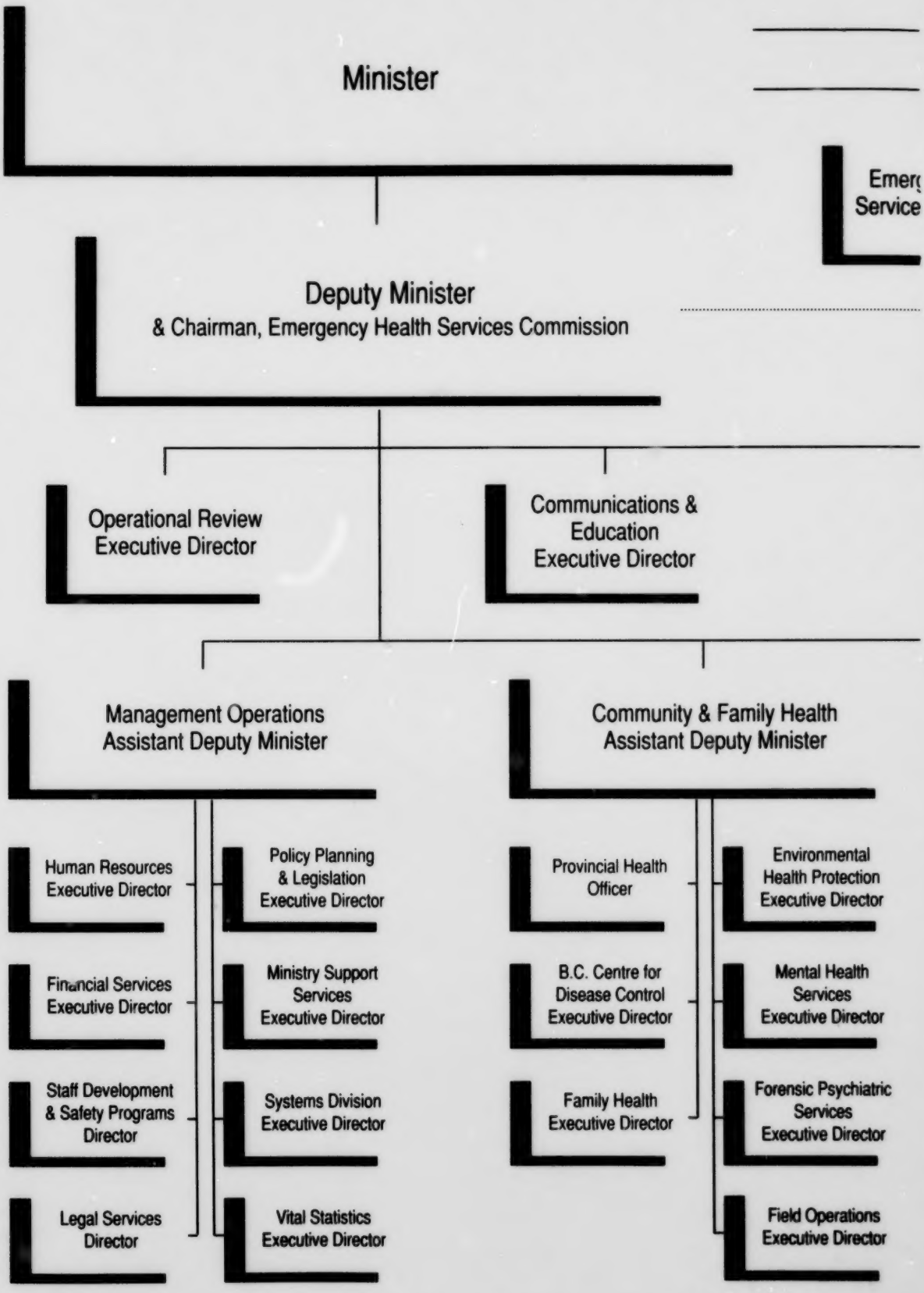
Financial Services..... ..... 59

Legal Services ..... 60

Vital Statistics ..... 60

**Statement of Expenditures**..... 69

**Appendix** ..... 77


Minister
Emerg
Service
Deputy Minister
& Chairman, Emergency Health Services Commission
Operational Review
Executive Director
Communications &
Education
Executive Director
Management Operations
Assistant Deputy Minister
Community & Family Health
Assistant Deputy Minister
Human Resources
Executive Director
Policy Planning
& Legislation
Executive Director
Financial Services
Executive Director
Ministry Support
Services
Executive Director
Staff Development
& Safety Programs
Director
Systems Division
Executive Director
Legal Services
Director
Vital Statistics
Executive Director
Provincial Health
Officer
Environmental
Health Protection
Executive Director
B.C. Centre for
Disease Control
Executive Director
Mental Health
Services
Executive Director
Family Health
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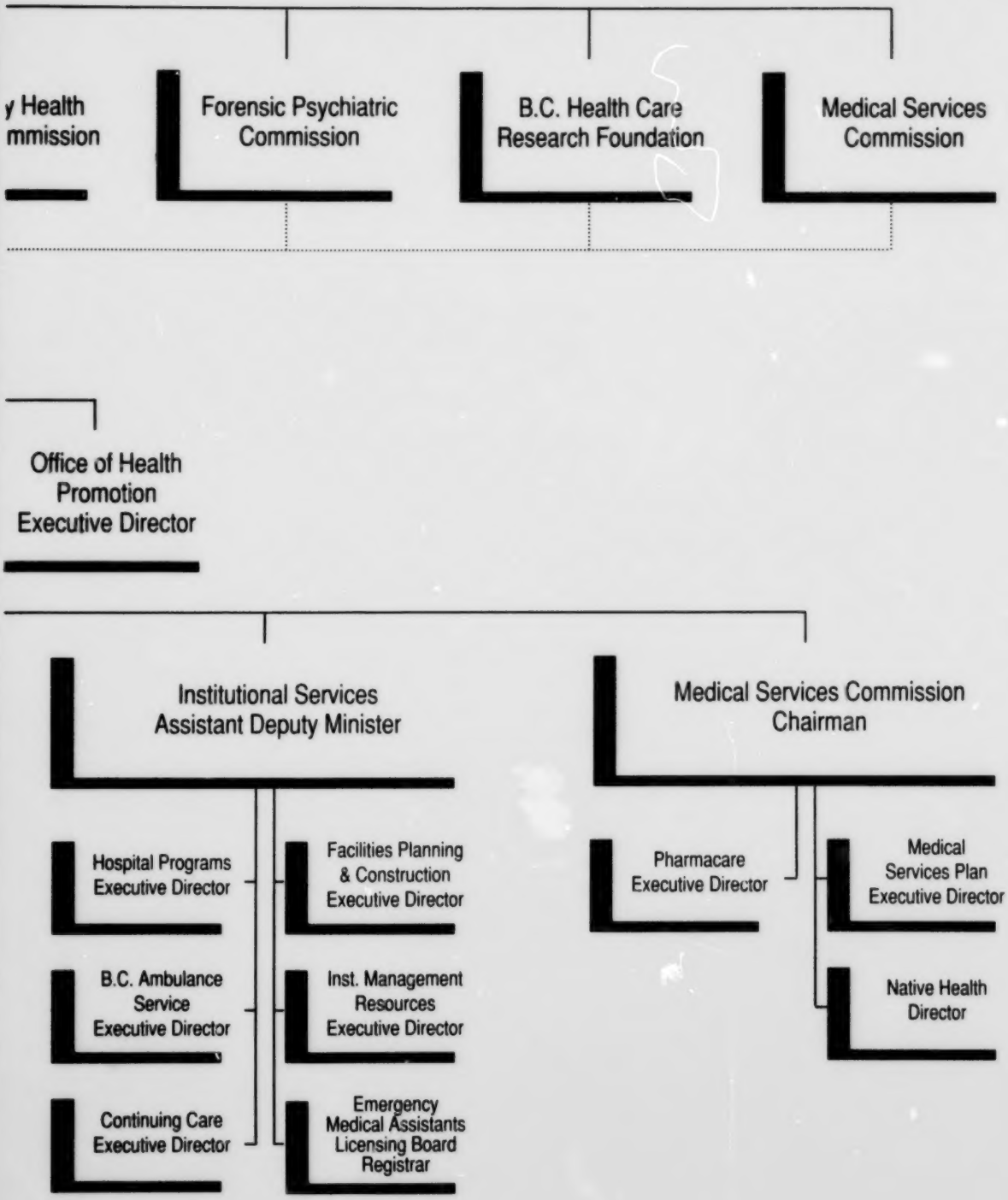
Forensic Psychiatric
Services
Executive Director
Field Operations
Executive Director

# MINISTRY OF HEALTH • ORGANIZATIONAL CHART • MARCH 31, 1990


y Health
mmission
Forensic Psychiatric Commission
B.C. Health Care Research Foundation
Medical Services Commission
Office of Health Promotion Executive Director
Institutional Services Assistant Deputy Minister
Hospital Programs Executive Director
Facilities Planning & Construction Executive Director
B.C. Ambulance Service Executive Director
Inst. Management Resources Executive Director
Continuing Care Executive Director
Emergency Medical Assistants Licensing Board Registrar
Medical Services Commission Chairman
Pharmacare Executive Director
Medical Services Plan Executive Director
Native Health Director

*Acts under the Jurisdiction of the Minister of Health*

*Anatomy Act*

*Chiropractors Act*

*Community Care Facility Act*

*Continuing Care Act*

*Dental Technicians and Denturists Act*

*Dentists Act*

*Forensic Psychiatry Act*

*Hearing Aid Act*

*Health Act*

*Health Emergency Act*

*Hospital Act*

*Hospital (Auxiliary) Act*

*Hospital District Act*

*Hospital Insurance Act*

*Human Tissue Gift Act*

*Marriage Act*

*Medical Practitioners Act*

*Medical Service Act*

*Medical Service Plan Act, 1981*

*Mental Health Act*

*Ministry of Health Act*

*Name Act*

*Naturopaths Act*

*Nurses (Licensed Practical) Act*

*Nurses (Registered) Act*

*Nurses (Registered Psychiatric) Act*

*Optometrists Act*

*Pharmacists Act*

*Physiotherapists Act*

*Podiatrists Act*

*Psychologists Act*

*Public Toilet Act*

*Seniors Advisory Council Act*

*Venereal Disease Act*

*Vital Statistics Act*

*Wills Act (Part II)*

# COMMUNITY AND FAMILY HEALTH



***The mission of Community and Family Health is to promote the health of individuals and communities of British Columbia by monitoring population health, and cost effective implementation of community-based preventive, protective and treatment strategies.***

***1989/90 saw the reorganization of Community and Family Health and the formation of the Family Health Division and the Environmental Health Protection Service.***

By fiscal year end, Community and Family Health comprised: Family Health, British Columbia Centre for Disease Control, Environmental Health Protection Services, Office of the Provincial Health Officer, Forensic Psychiatric Services and Mental Health Services. Community and Family health, through these divisions, provides assessment, prevention and treatment services and helps identify health priorities to strengthen community health resources across the province.

Highlights of 1989/90 include:

- completion of the British Columbia Heart Health Survey to determine persons at risk for heart disease, and how knowledgeable British Columbians were about the factors contributing to this disease. Preliminary results indicated that cardiovascular disease risk factors are widely distributed, and that British Columbians were not fully aware of the contributing factors;
- initiation of Health Unit Profiles in all health units to catalogue each community's demographic and social characteristics, health status, resources, issues and priorities. The profiles form the basis for planning local health programs;
- expansion of the Nobody's Perfect program which provides parenting skills for young parents who are single, isolated, in low income brackets, minimally educated and have pre-school children (newborn to five years). This project is a joint undertaking of the Ministry of Health, the Ministry of Social Services and Housing, and the Federal Department of Health and Welfare Canada;
- development, in co-operation with the food service industry and other government ministries and agencies, of the FOODSAFE training program. The program provides workers in the food industry with a better understanding of how food can become contaminated, and how food poisoning can be prevented through proper food handling procedures;
- implementation of a dairy plant inspection program which provides specialist services and expert advice from a "health protection" perspective;
- funding for epidemiological and environmental investigations which will assist in the identification of environmental concerns such as childhood leukemia in Kamloops and the occurrence of cancer among RCMP officers in Powell River;
- working in close co-operation with the executive level of other provincial ministries to address issues such as dioxins in freshwater below pulp mills and to launch jointly-funded environmental studies including a major study on lead levels in Trail;
- joint participation with the Ministry of Social Services and Housing and in co-operation with B.C. Lottery Fund, in the At Home Program. The At Home Program provides health related support and financial assistance;

- introduction and/or expansion of the Shop Smart and Healthy Restaurants programs to most health unit areas. A supermarket chain agreed to fund all expenses for the Shop Smart initiative and, in co-operation with the B.C. Food Services and Restaurant Association, the Healthy Restaurants program was expanded to include over 700 restaurants province-wide;
- following a four-year public consultation process, announcement of the British Columbia Mental Health Initiative, a long-range plan for renewal and enhancement of the community mental health system, and replacement of Riverview Hospital;
- collaboration between Nutrition Branch and Williams Lake "Project Literacy" Group to develop a workbook to help adults with limited reading skills improve their eating habits. "Good Eating: How to Plan Good Food" uses engaging graphics to identify healthy, low cost food choices and provides suggestions for shopping and cooking;
- encouraging elementary schools to start gardening programs, the Nutrition Branch and City Farmer produced the "School Garden Guidelines: How to Teach Children About Nutrition and the Environment." A school garden contest was held which stimulated the initiation of 16 new gardens involving 2,400 school children throughout the province.
- initiation of joint research projects addressing fluoridation, treatment needs of children, dental needs of adults and provision of dental services for seniors and those in residential care facilities. The projects were undertaken by the Dental Health Branch of the ministry, the Faculty of Dentistry at U.B.C., the College of Dental Surgeons of British Columbia, and municipal health departments; and,
- development of a training program in co-operation with the College of Dental Surgeons to teach dental assistants to screen children for urgent dental care.

## FAMILY HEALTH

The Family Health Division was established in 1989 as a result of a restructuring within Community and Family Health. Its primary goal is to develop and deliver programs and services that promote and maintain individual health in an integrated context within the community.

The division consists of program areas which deliver a wide range of assessment, prevention and treatment services across the province. These services are provided by direct intervention and through funding contributions to municipal governments and various agencies providing family health services, plus through grants given to a range of non-profit societies, volunteer groups and proprietary services.

### Dental Health Services

The Dental Health Branch supports a range of program activities which focus on eliminating preventable chronic dental disease and facilitating access to treatment. These services are provided by regional teams of dental hygienists and assistants.

### Speech and Language Services and Early Intervention Programs

In September 1989, Speech and Language Services was separated from the Speech and Hearing Branch and combined with the Children's Early Intervention Program. There are three programs in the branch: Speech and Language and Early Intervention, General Grants and Rural Health Services.

The Speech and Language Services and Early Intervention Program focus on assisting communities through health units and child development centres and community agencies to provide developmental programs and support for children aged 0-6 years with disabilities, or who are at risk. The purpose is to measurably reduce the effects of disabilities.

The program, which at year end funded 44 agencies throughout British Columbia, provided for 126 physiotherapists, occupational therapists and speech/language pathologists to deliver required therapy to approximately 3,200 children. Children and adults received assessment and therapy services through speech and language pathologists at provincial health units. A travelling outreach team provided seating and psychology support services which were otherwise unavailable to northern communities.

The General Grants Program provides funding for programs and services that complement the health objectives of major programs funded within the ministry to agencies such as the Canadian National Institute for the Blind, British Columbia Stroke Association, Red Cross Society and British Columbia Cancer Society.

The Rural Health Grants Program is designed to meet the specific health care needs of people living in remote communities of the province. The services provided range from reimbursement of travel costs for physicians, to operational grants, to funding for various groups providing primary health care services.

## Community Health Strategies

The Community Health Strategies Branch works to increase community involvement in identifying and assessing health priorities, to strengthen community resources and to implement evaluations regarding the outcome of community participation in health initiatives. The branch is also responsible for initiating projects which demonstrate the effectiveness of the community development process as a community-based, program-planning process.

## Fitness Branch

The Fitness Branch has three areas of priority: healthy workplaces, healthy aging and active living. Within these areas, a common strategy is to enable individuals and communities to develop greater capacity for health enhancement. That is, the branch strives to facilitate the building of processes and structures that make "healthy choices easier choices" within worksites, neighborhoods, schools, municipalities, professionals groups and various other forms and types of "communities". Over the past several years the branch has focussed on addressing key health issues in a manner that will result in long term, sustainable change.

Delivery and implementation is coordinated by branch staff in partnership with public health professionals, occupational health and safety coordinators in hospitals, workplace health promotion coordinators and school administrators. Partnerships are also in place with organizations such as Health and Welfare Canada, British Columbia Health Association, Alliance for Health and Fitness, Canadian Centre for Active Living in the Workplace and other key agencies.

The Fitness Branch provides the lead role within the ministry for the Back Check Injury Prevention Program, the Corporate Health Project, the Choosing Wellness Program for seniors, workplace health promotion and health curriculum development with the Ministry of Education.

## Hearing Services Branch

The Hearing Services Branch is responsible for providing hearing screening, assessment and treatment services in locations throughout British Columbia.

The goal of the branch is to measurably reduce the effects of communication disorders related to hearing impairment. A number of programs have been developed to facilitate early identification and intervention. The Infant High Priority Hearing Assessment Program screens infants for medical/hereditary factors associated with significant hearing impairment. Infants deemed to be at risk receive hearing assessment and treatment services, as required. The School Hearing Program screens and identifies entry-level students for possible hearing problems which may impact their education and/or development with assessment and follow-up services, if needed.

Audiological assessment services are also provided to all ages on a referral basis. The health unit staff provide (re)habilitative management, counselling and further referral if appropriate. The branch also operates the British Columbia Hearing Aid Program to provide selection, fitting, repair and sale of hearing devices at competitive prices. Health unit staff provide education and informational services to the public, parents and professionals regarding hearing development and services.

## Services to the Handicapped Branch

The Services to the Handicapped Branch has a mandate to develop and fund, through private and non-profit agencies, community-based programs and services for adults with multiple disabilities and for hospitalized children requiring extended-care levels of support. The principal focus is on individuals who previously lived in institutional settings.

The Associate Family Program was created to allow children with complex health care needs, who reside in hospital facilities such as Queen Alexandra and Sunny Hill, to enjoy an "in-family" lifestyle with trained, care-giving associate families in the community. This program encourages natural families to remain actively involved in the planning and care of their children and maintain their guardianship responsibilities.

In October 1989 the Ministry of Health, together with the Ministry of Social Services and Housing, introduced the At Home Program which provides respite support and medical equipment and supplies to families caring at home for a child with severe disabilities.

The clinical services component is responsible for ensuring that people funded by the Services to the Handicapped Branch receive effective, appropriate health care support in a safe and secure environment. This is accomplished through ministry staff and through working agreements involving agency staff and community professionals. There is a focus on collaboration with Mental Health Services and the Ministry of Social Services and Housing regarding people with complex health care needs.

In addition to participating in the development of policies relating to persons with disabilities, linkage is maintained with national and provincial parent and self-advocacy associations to secure input on program developments.

## Child and Youth Mental Health Services

Child and Youth Mental Health Services provides an integrated program of specialized services to children and youth experiencing severe mental and emotional disorders, and to their families. Services are delivered through the provincial mental health centres, and include: clinical assessments and program consultation; treatment services; co-ordination of hospital, community and other ministry services; and, professional and public education programs. In addition, the program extends community services by providing and funding specialized assessment and treatment services such as suicide intervention, treatment for victims of sexual abuse, psychiatric outreach, residential consultation and group therapy. Service provision is based on the premise that early intervention strengthens the capacity of families to support their children and reduce the consequences of distress and disability.

## Public Health Nursing and Community Supports

Public Health Nursing and Community Supports is responsible for planning and developing services with a family-centered focus for individuals, families and communities. These services are provided in homes, schools, public health units and other community-based settings.

The Family Health component of the program provides assessment, risk identification and follow-up, counselling and health education for expectant parents, newborns, children, youth(s) and families. Specialized services are provided to women with high-risk pregnancies and to families with special needs. Prevention initiatives focus on families at risk of being involved in child abuse, parents with limited parenting skills and multi-problem families.

The Adult Health component promotes self-responsibility for health by assisting local health units, communities and other ministries to develop and implement programs designed to promote individual commitment to health. Specific issues being targeted are heart health, smoke-free environments and healthy aging.

The Communicable Disease Control Program provides immunization against vaccine-preventable disease, and screening, treatment and follow-up for communicable diseases, including sexually transmittable diseases, AIDS and tuberculosis.

The Community Supports Program, which was added to Public Health Nursing Branch during the fiscal year, has three components. The Head Injury Program serves adults who have sustained a traumatic brain injury by providing funding and other resources necessary to reintegrate them into the community. The focus is on developing peer support groups, providing residential placements and fostering life skills, training and education programs. The Nursing Respite Program is designed to support families of children who have complex medical needs by providing in-home nursing care on a respite basis. The Resource Line Program provides toll-free telephone information to help individuals with a disability to appropriately access support services within their communities.

## Nutrition Branch

The Nutrition Branch is responsible for planning, developing and consulting on programs designed to improve the nutritional standards of all British Columbians. These services are delivered by provincial health units through local media, community-based programs and education and consultation with community groups and professionals. The program's emphasis is on early intervention work with individuals and families. At-risk groups including groups with low incomes and low literacy are specifically targeted.

## Community Native Health

The objective of the Community Native Health program is to integrate the needs of Native peoples for appropriate, accessible health services into the major program components of the Ministry of Health.

The program was established to assist in the development of policies and programs, and makes provisions for training Native counsellors and delivery of cross-cultural training for ministry staff, the development of plans and priorities regarding Native community health issues and the funding of community agencies through consultation with Native groups.

## Support Services Program

Support Services provides the financial and administrative support necessary for the effective and efficient operation of the Family Health Division's headquarters and field staff.

General administrative services include giving advice and assistance on matters such as space, equipment, staffing, research and evaluation of services and programs and policy and program development.

The activities of this program focus on fiscal responsibility, contract management and the implementation of systems necessary to manage and administer the division's finances.

## B.C. CENTRE FOR DISEASE CONTROL

The British Columbia Centre for Disease Control (B.C.C.D.C), located in Vancouver, is the province's centre of expertise in communicable disease control. Health units, hospitals, health practitioners and the public look to this centre for effective responses to disease outbreaks, timely surveillance of diseases and for information on prevention in this highly specialized field.

At the core of the centre's protective maintenance programs are public health laboratories, epidemiology services, sexually transmitted disease and tuberculosis control, and pharmacy support. Three unrelated services with provincial scope receive administrative and technical support from the centre because of its strategic location near the province's tertiary health care programs. They are Medical Supply Services (Kidney Dialysis Services), Radiation Protection Services and Government Employee Health Services.

### Provincial Laboratories

Our provincial public health laboratories provide diagnostic testing, routine reference, consultation, research and public education related to communicable disease control. In addition to the central laboratory facility in Vancouver, affiliated regional services are provided in Victoria (Greater Victoria Hospital Society) and Nelson (Kootenay Lake District Hospital). Services include medical advice and laboratory tests for diseases caused by bacteria, fungi, parasites, viruses and other communicable agents, and related immunology, serology and environmental microbiology.

### Communicable Disease Epidemiology Services

Epidemiology Services monitors and investigates the occurrences of infectious diseases that threaten public health. Such diseases include influenza, measles, hepatitis, giardiasis and Lyme disease. The division's staff advise and assist health units in detecting and evaluating infectious disease trends, determining conditions which may cause outbreaks and initiating public health control procedures such as immunizations to reduce the spread of disease.

As the province's central link in the communicable disease information network, Epidemiology Services also monitors occurrences of adverse reactions to vaccines and provides current information on national and international communicable disease trends through the Laboratory Centre for Disease Control in Ottawa. Additionally, in co-operation with the University of British Columbia and with other B.C.C.D.C. divisions, Epidemiology Services conducts research in communicable disease control.

## Sexually Transmitted Disease Control

The Sexually Transmitted Disease Control Division co-ordinates province-wide efforts to reduce the spread of sexually transmitted diseases such as AIDS, gonorrhea, syphilis and chlamydia. This is accomplished through: support for health units, clinics and physicians; programs in prevention, screening, diagnosis and treatment; medical consultation; trend analysis; co-ordination of contact tracing; and, training and education of health professionals. As of 1989/90, street based programs were successfully reaching persons known to be at high risk of infection.

## Tuberculosis Control

The Tuberculosis Control Division is the provincial referral centre for tuberculosis treatment and control. In addition to providing various levels of outpatient care, the branch monitors tuberculosis trends in the province and provides consultation to private physicians, agencies and the public. The division also advises health units regarding contact tracing for active cases, supervision of cases under treatment, preventive measures and screening and surveillance. The division is on contract with Health and Welfare Canada to treat and control tuberculosis among Natives.

## Medical Supply Services (Kidney Dialysis Service)

Medical Supply Services supports the needs of patients receiving specialized home maintenance care. The service's core operation is its kidney dialysis service which supports all home and community dialysis procedures (i.e. hemodialysis, peritoneal cycler and continuous ambulatory peritoneal dialysis). In addition, medical and nutritional supplies are co-ordinated to address hemophilia and parenteral and enteral nutrition. All services are provided in close co-operation with each patient's originating hospital, and with quality assurance and provincial advisory committees.

### Radiation Protection Services

Radiation Protection Services is the government's authoritative point of reference concerning radiation hazards that may affect the workers and the general public of British Columbia. Branch staff conduct inspections of medical, industrial and research X-ray devices, laser and ultraviolet equipment and microwave and radio frequency systems. The branch's laboratory staff perform analyses for the assessment of man-made and natural radiation hazards in the environment.

### Government Employee Health Services

Government Employee Health Services is responsible for occupational health service to employees of the provincial government, B.C. Ferry Corporation, B.C. Buildings Corporation and the Emergency Health Services Commission. Its focus is to promote good health and healthy work practices and to ensure that employees are able to perform their assigned tasks safely. The branch also assists in the assessment, rehabilitation and monitoring of ailing or injured employees. It works closely with senior management of ministries and Crown corporations, as well as with the federal government, the Workers' Compensation Board, health care practitioners and many other individuals and agencies.

## ENVIRONMENTAL HEALTH PROTECTION

The Environmental Health Protection service was established in 1989 to strengthen the ministry's ability to address environmental influences on health. The service integrates the Public Health Protection and Community Care Facilities programs, and, for policy issues, directs the Radiation Protection Services.

Environmental Health Protection programs provide our government with a long-term strategy for controlling the growth of health care expenditures. A healthy population contributes more to the economy, costs less in terms of health maintenance services and, in general, requires lesser degrees of hospital services. Programs are delivered through public health units (16 main offices and 85 branch offices) and through the municipal health departments of Vancouver, Burnaby, Richmond, North Vancouver and the Capital Regional District (Victoria).

Field services include monitoring food and water quality and environmental contaminates through Public Health Protection, monitoring environmental and safety standards in child and adult care facilities through Community Care Facilities and inspecting and investigating radiation sources through Radiation Protection Services.

The Community and Family Health Division is strengthening its expertise in the environmental health field through establishment of an environmental health assessment program. This program will allow the ministry to develop capabilities to assess, respond to, and control health risks from toxic agents. In addition, the program will strengthen the ministry's relationship with the University of British Columbia and with other environmental health research groups.

## Public Health Protection

Public health inspectors are responsible for identifying unhealthy environmental conditions or practices in the community. Where necessary, preventive strategies are developed and corrective action is initiated.

Monitoring of public places is conducted regularly to prevent the spread of disease and to correct identified health hazards through instruction and, where required, through enforcement procedures. Public health inspectors also investigate environment-related communicable diseases to determine their cause and prevent future occurrences. Diseases of concern include those transmitted through food, water, and air and those carried by insects and larger animals.

Responding immediately to disasters and emergencies affecting public health is also a responsibility of public health inspectors.

## Community Care Facilities

The Community Care Facilities Branch was established in May 1988 to monitor the health, safety, and quality of care of children and adults in licensed facilities. This mandate is fulfilled through administrative and program support for both child and adult care facility licensing programs. Assessment of the care provided in residential facilities is carried out using a team approach.

Licensing officers follow up on all reports of abuse and hazardous situations and initiate corrective action and develop preventive strategies where appropriate. Through the branch and its licensing officers, consultation and guidance is provided to licensees and others regarding development and operation of facilities. Consultation and guidance is also provided to provincial and municipal authorities regarding policies to promote quality child and adult care.

## Office of the Provincial Health Officer

As the senior medical health officer of the province, the Provincial Health Officer has legislative responsibility for the professional supervision of medical health officers regarding their duties to protect the health of the public. These duties are prescribed by the *Health Act* and its regulations, the *School Act* and the *Community Care Facility Licensing Act*.

The Provincial Health Officer also assumes, as required, legal authority and duties delegated under the *Health Act* by the Minister of Health. An additional responsibility of this office is overseeing the recruitment and training of medical health officers, and the recommendation to the union boards of health for appointment by Order-in-Council.

The Provincial Health Officer advises on matters pertaining to the public's health by reporting to the assistant deputy minister of Community and Family Health, and by participating as a member of its management team. In addition, the Provincial Health Officer receives health data assembled, analyzed and reported by specialized staff including a consultant epidemiologist. Areas of particular interest are communicable disease control, environmental health, disease prevention, and wellness promotion.

## Epidemiology (Non-communicable Diseases)

The Epidemiology Program reviews, analyzes and reports on the occurrence and distribution of disease, with emphasis on chronic disease and lifestyle risks to health. Staff in this unit provide consultation on research projects and statistics relating to disease prevention and health promotion. They also regularly compile "Disease Surveillance", a publication that reports on current health topics and on the incidence of disease.

## Health Information Support Group

The Health Information Support Group advises and assists the Community and Family Health Division in the collection, interpretation and presentation of health-related data. This group works with program staff to identify information that is needed to plan and monitor community health services. Staff also assembles and analyzes health statistics and maintains liaisons with other agencies that serve as sources of health data.

## FORENSIC PSYCHIATRIC SERVICES COMMISSION

The Forensic Psychiatric Services Commission operates in the province under the *Forensic Psychiatry Act* (1982). The commission provides:

- court-ordered psychiatric and psychological assessments, diagnoses and treatments;
- assistance to correctional authorities in handling their cases; and,
- research and education programs with respect to the diagnosis and care of forensic psychiatric patients.

The commission oversees a number of facilities, each designed to meet specific areas of need for adults and youth. These facilities are staffed by multi-disciplinary professional teams consisting of qualified psychiatrists, psychologists, psychiatric nurses, social workers and rehabilitation and vocational therapists.

### Adult Services

The Adult Services Unit provides assessment and treatment services on an inpatient basis at the Forensic Psychiatric Institute, a secure 151-bed facility located in Port Coquitlam. Outpatient services are provided through permanent clinics in Vancouver and Victoria and travelling clinics make monthly visits to Prince George and Kamloops. Treatment for adult sex offenders is provided in some areas of the province through Adult Forensic Outpatient Services.

### Youth Services

The Maples Adolescent Treatment Centre in Burnaby is a secure mental health facility providing residential treatment and assessment services for adolescents who are mentally ill and/or have severe conduct disorders. Short-term assessments and care plans for youths with severe conduct disorders are carried out through the response unit and inpatient facility at the centre. Referrals are accepted from provincial ministries and from professionals in medical and mental health services in accordance with the *Mental Health Act* and the *Young Offender Act*. Young persons found "unfit to stand trial" or "not guilty by reason of insanity" are admitted to the centre for treatment. Educational programs are provided on site by the Burnaby School Board in co-operation with the Ministry of Health.

Juvenile Services to the Court provides assessment services requested under the *Young Offender Act* on an inpatient basis in Burnaby. Assessment and treatment services are provided on an outpatient basis through clinics in Burnaby, Victoria, Prince George and Kamloops. Treatment for adolescent sex offenders is provided through the Burnaby inpatient clinic.

Family Court Centres provide assessments and limited treatment for children and their families who are before the court under the *Family and Child Service Act*. The centres are located in Burnaby, Prince George and Kamloops.

### Program Support Services

Program Support Services provides services for the commission's executive director and program directors. The services include research and evaluation to assist in policy and program development, information systems development, clinical research and financial management support.

## MENTAL HEALTH SERVICES

The mission of Mental Health Services is to ensure that comprehensive and effective care is made accessible to British Columbians with mental illness. This is accomplished through direct service delivery, purchase of supportive services and through overall co-ordination of services delivered by other divisions, ministries and private agencies.

Services to different demographic groups (adult, senior, and child and youth) are delivered through a variety of community outpatient and inpatient settings.

### Adult Services

Adult services are provided in four categories: inpatient services, outpatient services from mental health centres, community residential services and rehabilitation services.

### Inpatient Services

Riverview Hospital, operated by the British Columbia Mental Health Society, provides medium to long term care for 1,000 of the province's most seriously mentally ill residents. Under the auspices of the Mental Health Initiative announced in 1990, this institution will be replaced over the next decade with a range of smaller regional psychiatric inpatient facilities, combined with community outpatient and support services.

Burnaby Psychiatric Services operates a 25-bed short term inpatient unit integrated with local outpatient services. At any given time, there are approximately 700 acute psychiatric inpatient beds operated by general hospitals as part of the mental health care system, but not under the direction of Mental Health Services.

### Outpatient Services

Adults with mental illness who do not require hospitalization are provided with assessment, stabilization, longer term treatment, rehabilitation, case management and monitoring services through local mental health centres. Mental health centre staff also provide local service co-ordination and programs focused on maintaining optimum mental health in the community.

Programs are directed centrally and managed regionally through the 58 centres and sub-offices located in the five regions of Fraser Valley/North Shore, Vancouver Island, the North, Okanagan/Kootenays, and Burnaby. Comprehensive services in Vancouver/Richmond are provided under contract by the Greater Vancouver Mental Health Services Society.

## Community Residential Services

Community residential care is provided to persons with mental illness through a wide variety of supported community living situations ranging from semi-independent, apartment-style residences to specialized long term care facilities. Continued expansion of these services is a core component of the process leading to increased integration of persons with mental illness into normal community living. By the end of fiscal 1989/90, over 2,100 community living spaces were being funded throughout the province. The highest concentration of homes was in the Lower Mainland.

## Rehabilitation Services

A wide variety of day rehabilitation programs are provided through a network of funded agencies. Ranging from pre-vocation, vocational and therapeutic volunteer opportunities, to instruction in basic life and social skills, these programs form an integral part of the normalization and socialization process to support community living for people with mental illness.

## Services to the Elderly

Elderly persons with mental illness are provided with treatment in acute care wards of general hospitals, at Riverview Hospital or in local continuing care facilities when longer term nursing care is also required. Psychogeriatric assessment and outpatient treatment teams operating out of mental health centres provide community consultation services to develop and strengthen local services. In Victoria and in the Okanagan/Kootenays, teams are developing community support programs for individuals living in their own homes and for families providing care for their elderly relatives.

# INSTITUTIONAL SERVICES



*Institutional Services is primarily responsible for care and treatment services. It comprises three major care divisions: Hospital Programs, Continuing Care and the British Columbia Ambulance Service; and two support divisions, Institutional Management Resources and Facilities Planning and Construction.*

*The organization of these functional areas under the umbrella of Institutional Services facilitates continuity of care, from the provision of pre-hospital care through to continuing care. Continuity of care is achieved through coordination and integration at the management level within Institutional Services and at the level of service delivery.*

*Institutional Services both broadened and strengthened its services during 1989/90. Improvements were made in pre-hospital care and critical care training for nurses. A partnership program was created to aid hospitals and communities in the development of health care delivery systems. Increased resources were dedicated to homemaker services.*

## AMBULANCE SERVICE

The Emergency Health Services Commission was established in July 1974 to provide ambulance services to the province. The commission has two major divisions: the British Columbia Ambulance Service (BCAS), responsible for the delivery of pre-hospital care, and the Emergency Medical Assistants' Licensing Board, responsible for examining and licensing emergency medical assistants.

The mission of BCAS is to minimize disability and loss of life by providing an effective, efficient ambulance service in all areas of the province. The service is divided into eight administrative regions coinciding with the province's economic development regions. Regional management centres under the direction of a chief superintendent are located in Vancouver, Victoria, Kamloops and Prince George. Dispatch centres are located in Kamloops, Vancouver and Victoria. In a few isolated areas, calls are received and dispatched locally. The Provincial Dispatch Centre, located in Victoria, co-ordinates long distance movement of patients by road and air.

Ambulance service is provided to 172 British Columbia communities and their surrounding areas. The delivery of this service is made possible through the operation of 183 ambulance stations and 10 support and administrative centres throughout the province. During 1989/90, BCAS responded to 294,694 calls.

Whenever possible, the operations of ambulance services are confined to the province. However, in instances concerning geographic location, such as areas adjacent to the Alberta border, patients will be taken to Calgary or Edmonton hospitals at no additional charge.

Conventional ambulance services are provided by a fleet of 363 ambulances and 13 support vehicles. Air ambulance services are provided by the British Columbia Air Services Branch and supplemented by charter aircraft when required. A permanent air evacuation crew, consisting of members of Advanced Life Support and Infant Transport teams, is stationed in Vancouver where most calls originate or terminate.

Ambulance user fees are established by Order-in-Council. The resident fees in 1989/90 were $40 for the first 40 kilometres, plus $0.45 per additional kilometre travelled, up to a maximum of $238 per year. Non-residents or those not covered as beneficiaries under the *Hospital Insurance Act* were charged $125 plus $1.95 per kilometre travelled.

In 1989/90 the BCAS employed 724 ambulance attendants and dispatchers, and 76 administrative and management personnel on a full-time basis. An additional 2,500 part-time ambulance attendants operating on a call-out basis completed the work force.

Training for BCAS employees was provided under contract by the Emergency Health Services Academy of the Justice Institute of British Columbia. In 1989/90 the academy provided 39,152 days of instruction at a cost of approximately $1.41 million in three levels of training: Emergency Medical Assistant I (80 hours of training); Emergency Medical Assistant II (240 hours); and, Emergency Medical Assistant III (up to 18 months of special training).

BCAS continued its program of upgrading and standardizing ambulance facilities throughout the province during the past fiscal year. Fifteen communities received new ambulance stations and four existing stations were modified to meet community needs.

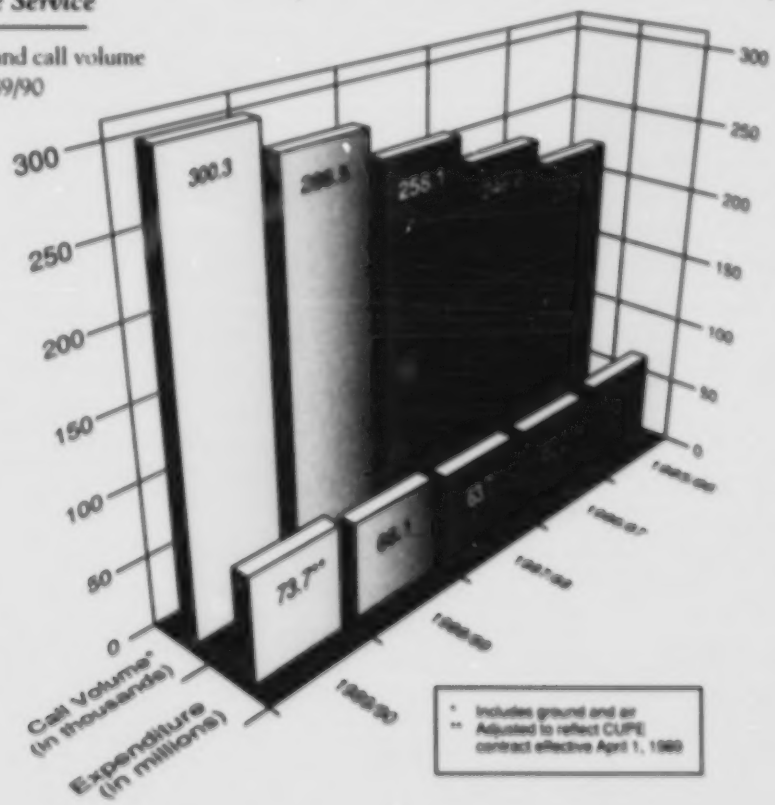
The service operates its own ambulance construction facility called the Vehicle Modification Depot. The depot builds large (Type I) ambulances from a frame and chassis, and builds smaller (Type III) units by converting van chassis. The cost savings from this construction program allow BCAS to supply three ambulances for the same cost as purchasing two pre-constructed units.

The development of the Computer Aided Dispatch (C.A.D.) system progressed well in 1989/90. This system, developed by a British Columbia company, will greatly improve and expand operational communications and dispatch systems throughout the province. Operational efficiency of the dispatchers will be enhanced, allowing more time for caller/dispatcher interaction while reducing the time required to send out the ambulance crew.

BCAS staff worked actively with local communities to encourage citizen participation in pre-hospital care. This included training the public in cardio-pulmonary resuscitation (CPR), making school visits, distributing children's coloring books and information pamphlets, and launching an active public relations program using mall displays.

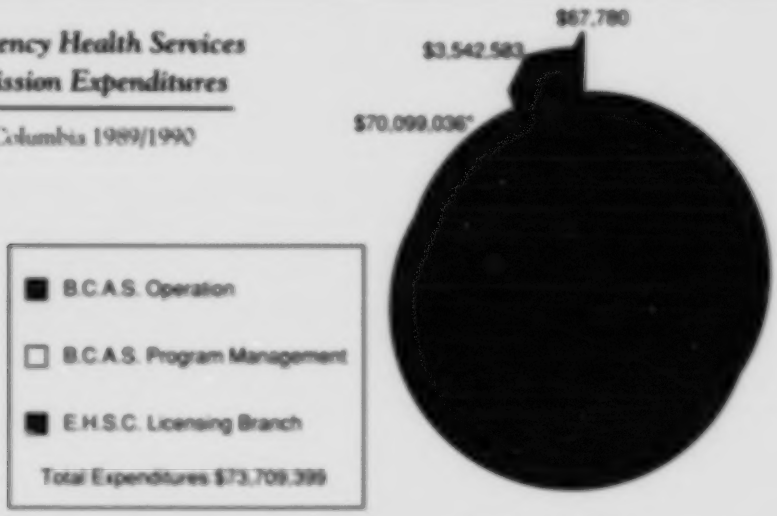
***British Columbia Ambulance Service***

Expenditure and call volume
1985/86 - 1989/90



### *Emergency Health Services Commission Expenditures*

British Columbia 1989/1990




*Adjusted to reflect CUPE contract effective April 1, 1989

## HOSPITAL PROGRAMS DIVISION

The mandate of the Hospital Programs Division is to ensure that the provincial government receives value for the funds expended on hospital care and that the activities of each hospital justify the level of funding allocated. The division oversees the operation of acute care, rehabilitation and extended care hospitals in British Columbia. It operates primarily as a funding agency and leaves the practical responsibility for facility operations with the institutions. Although ultimate responsibility rests with the Minister of Health, the facilities funded by Hospital Programs are autonomous societies.

The division monitors quality of care; develops long range capital plans; monitors, reviews and adjusts facility funding allocations; and, provides an investigative service to address specific concerns about the delivery system itself. Hospital Programs works closely with hospital facilities to encourage the introduction of innovative management and staffing techniques, particularly those associated with multi-unit management and cost-shared services and equipment.

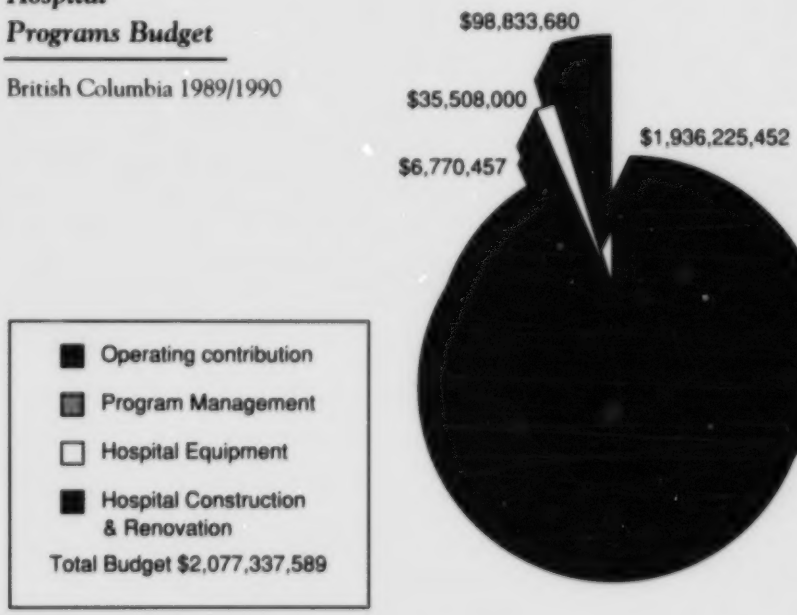
Provincial funding for the operation of acute care and extended care hospitals is provided according to the *Hospital Insurance Act*. The total allocation of operating grants covers 84.1 per cent of hospitals' expenditures. The balance of hospitals' gross expenditures is met by other income sources which include co-insurance charges to extended care patients and income from other agencies such as the Workers' Compensation Board and the Medical Services Plan. No operating funds are requisitioned from local municipalities, although hospitals do receive donations which can be used at their discretion.

In 1989/90 Hospital Programs changed from making funding adjustments based on changes in workload to a global, population/demographic funding model. This new method of allocation reflects population growth and aging patterns for several different types of services in a hospital's catchment area. The model also recognizes referral patterns and reflects the comparative production costs in a facility. Adjustments to funding are now made using both the new model as well as the results of operational reviews. Hospitals receive no adjustments for either budget surpluses or deficits.

Funding for hospital equipment is designated under the *Hospital Insurance Act* and its regulations, and administered through the Equipment Grants Secretariat of the Hospital Programs Division. Hospitals are allocated block amounts twice annually to cover acquisitions of items costing $10,000 or less; items costing $500 or less are funded by hospitals from their operating funds. Additional equipment grants are paid as follows: 75 per cent of total cost of imaging and laboratory diagnostic equipment; 33.3 per cent of total cost of other equipment; and, 100 per cent of total cost of equipment for designated provincial referral services.

***Hospital Programs Budget***

British Columbia 1989/1990



Capital funding is grouped into four categories:

- major capital projects with a value of $1 million or more. The funding ratio here is 60 per cent from the province and 40 per cent from the hospital or the regional hospital district;
- minor Treasury Board projects costing between $100,000 and $1 million or more. The funding ratio is 60 per cent from the province and 40 per cent from the hospital or the regional hospital district;
- minor capital projects costing between $1,000 and $100,000. The funding ratio is 60 per cent from the province and 40 per cent from the hospital or the regional hospital district; and,
- energy conservation projects that meet a five-year pay back criterion and that cost from $500 to $75,000. The province pays 100 per cent funding.

Hospital Programs comprises three sections: Medical Consultation; Equipment Grants Secretariat; and, five Regional Teams. Institutional Management Resources, and Facilities Planning and Construction are separate divisions of Institutional Services; they are headed by executive directors and work closely with Hospital Programs in support of its activities.

Regional Teams provide necessary ministry contact with hospital boards and administration; ensure adherence to quality of care and safety standards; and, monitor hospital operations and financial allocations. This includes investigating problem areas, providing recommendations for their resolution and advising on operating costs, capital costs, capital construction and equipment purchases. The Regional Teams thus ensure inter-active relationships with the following groups:

- Hospital Boards: Hospitals are owned and operated by self-governing, autonomous societies or corporations. Their management boards are responsible for policies and day-to-day operations. They also work with the ministry to plan and establish the roles of various facilities;
- Administrators: The majority of hospitals operate under an administrator who is responsible for day-to-day operations of one or more facilities which may offer different types and levels of service;
- B.C. Health Association (BCHA): This voluntary agency is composed of hospital trustees and administrators. Hospital Programs maintains an active role in several functions of the BCHA, including participation in several committees. Proposals for major policy changes within the ministry are normally discussed with the BCHA prior to implementation;
- B.C. Medical Association (BCMA): The ministry works closely and co-operatively with the BCMA through its continuing advisory subcommittees, temporary advisory subcommittees and other special committees. These committees are mandated to assess services and make recommendations on provincial objectives and policies;

- University of B.C. Medical Faculty: A close, informal working relationship is maintained concerning a number of general issues involving medical education. Formal co-ordination includes joint provincial committees on interns and residents as well as on medical manpower;
- Medical Appeal Board: The ministry maintains an active support relationship with this board. Its members include representatives from the College of Physicians and Surgeons, BCMA, BCHA, College of Dental Surgeons and five appointees of the Minister of Health.

Hospital Programs also maintains an active relationship with agencies whose funding is separate from hospital allocations. These agencies include Canadian Red Cross, Health Labour Relations Association, The Arthritis Society, B.C. Drug and Poison Information Centre, B.C. Health Care Systems Society and the B.C. Transplant Society.

In addition to these relatively formal relationships, Hospital Programs assumes an active informal role in encouraging co-operation between the ministry and the field. This is done through initiatives such as seminar presentations to BCHA, the B.C. Institute of Chartered Accountants, and the Union of B.C. Municipalities; on-site visits by the regional teams; and travelling presentations to explain financial policies and procedures.

Highlights for Hospital Programs include:

- establishment of the Hospital/ Community Partnership Program to help hospitals develop programs to ensure appropriate health care delivery systems for their communities. Programs can relate to the management of hospital service utilization or focus on disease prevention, health promotion and the generation of healthy public policy. Programs are developed in conjunction with local health boards and community agencies.

  Many hospitals responded positively to this initiative and in 1989/90 a total of $3,757,648 was allocated for 44 programs. The approved programs included diabetic education, nutrition/lifestyle counselling, respiratory therapy, psychological outreach, discharge support and several quick response programs.
- establishment of the Hospital Innovation Incentive Fund, which provides funding to hospitals enabling them to make investments to generate savings in operating expenditures. The hospitals then share these cost savings with the province in order to pay back the original funding. Hospitals are using the fund not only to purchase more efficient equipment, but to also achieve savings through innovative personnel management.

- one of the highest rates of kidney transplants in Canada. In 1989/90 a total of 142 transplants were performed in our province. A multi-organ program including heart, lung and liver transplants was introduced in the fall of 1988, and the first heart-lung transplants in B.C. were performed in 1989. And the bone marrow transplant program shared by Vancouver General Hospital and the British Columbia Cancer Agency has now become one of the biggest and most highly regarded programs in Canada for patients suffering from leukemia and certain other malignant conditions. The B.C. Transplant Society continued to expand its organ harvesting program and operated a successful public awareness program promoting organ donation.

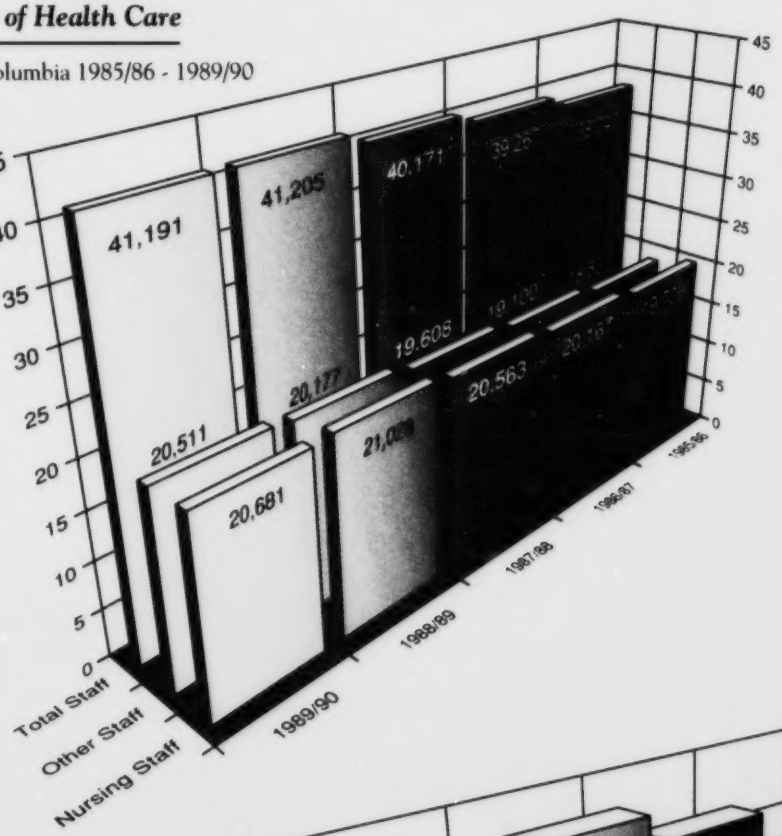
- ongoing support to breast screening programs. Breast cancer continued to be the leading cause of cancer-related deaths among Canadian women. Screening for breast cancer through the use of mammography can decrease the death rate significantly. In 1988, the first breast cancer screening program in Canada was established in this province through the Screening Mammography Program of B.C. A pilot screening project opened at the A. Maxwell Evans Clinic in Vancouver in July 1988; a second clinic opened in Surrey in 1990. Plans were established to develop other screening centres across the province over the next five years, and to introduce mobile screening centres in vans. In conjunction with the Screening Mammography Program, Hospital Programs began upgrading the mammography equipment in hospitals.

- undertook several initiatives relating to the recruitment and retention of nurses. In response to recommendations contained in the Nurse Manpower Study in 1988, Hospital Programs provided funding of $557,000 in 1988/89 and $610,000 in 1989/90 to hospitals for critical care training. Other initiatives included a $154,000 grant to the Registered Nurses Association of B.C. (RNABC) for nursing retention projects in 1989. The ministry also released the Nurse Action Plan which addressed many nursing issues and concerns. Additionally, the Provincial Nurse Advisory Committee was established to refine and implement the Nurse Action Plan. Committee members included representatives from the Ministry of Health, RNABC, Health Labour Relations Association, British Columbia Nurses Union, BCHA, Health Administrators Association of B.C. and the Nurse Administrators Association of B.C.

- In 1989 two Magnetic Resonance Imaging (M.R.I.) machines became operational at the Vancouver General Hospital and the Royal Jubilee Hospital in Victoria. There is also an M.R.I. unit at University Hospital which is available for both research and clinical use.

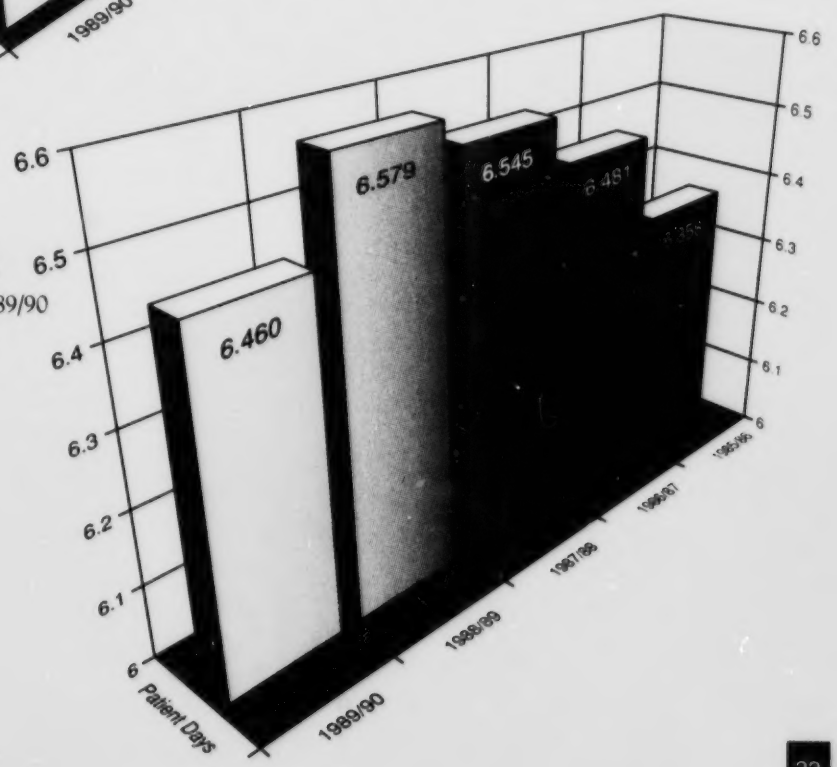
### *Total Hospital & Nursing Staff by Type of Health Care*

British Columbia 1985/86 - 1989/90




### *Patient Day Comparison*

British Columbia 1985/86 - 1989/90
Patient days in millions



## CONTINUING CARE DIVISION

The Continuing Care Division consists of Residential Care and Community/Home Support Services. The division integrates support for people of all ages who are acutely ill, handicapped and infirmed, and adults with long term. health-related problems (especially seniors), into one single comprehensive range of services. The philosophy of the Continuing Care Division emphasizes the role of family and community. Wherever possible, services are provided to assist an individual in maintaining his/her independence. The division refers clients to appropriate agencies or programs and purchases services on behalf of individuals eligible for program benefits. In addition, it provides direct services to some clients.

Residential care is provided to clients whose needs are best met in a residential setting. Types of residential care include family care homes, group homes, private hospitals, intermediate care facilities and designated beds in acute hospitals. Community/Home Support Services offer a variety of assistance mechanisms to help clients maintain an optimal level of independent functioning. The assistance may include adult day care, homemaker support, rehabilitation (physiotherapy and occupational therapy), home nursing care and case management services.

The nature of this division necessitates a regionalized system of management and a community-based service delivery system. Only the functions concerning overall policy direction, financing and monitoring are retained at the ministry headquarters in Victoria. Field administrators at the local level are responsible for co-ordinating and administering services and resources within the community, and for maintaining liaisons with some 400 residential and 200 home support agencies across British Columbia.

The Continuing Care Division experienced continued growth in case management services to clients in 1989/90, as evidenced by an almost four per cent increase in services to clients when compared to the previous year. Client acuity also increased, both for Community/Home Support Services and Residential Care, with an increased percentage of clients served at higher care levels.

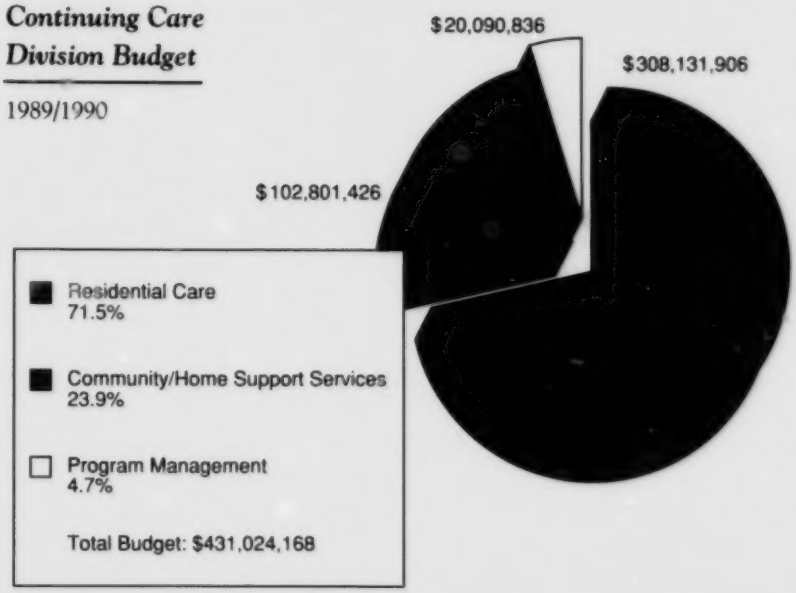
Homemaker services were provided to six per cent more clients in 1989/90 than in the previous year. These services constitute the fastest growing component of the division; hence the 38 per cent increase of funding for these services over the last three fiscal years. In order to strengthen the home support industry, the division continued to provide additional funding to improve the rates of pay for home support workers.

Community Physiotherapy and Occupational Therapy services were provided to 33.5 per cent more clients in 1989/90 while 8.5 per cent more clients received Home Nursing Care services.

The Continuing Care Division finalized Quality Assurance Standards for residential facilities in 1989/90. Quality Assurance Standards for homemakers' services were also pilot-tested and will be finalized early in 1990/91.

## *Continuing Care Division Budget*

1989/1990



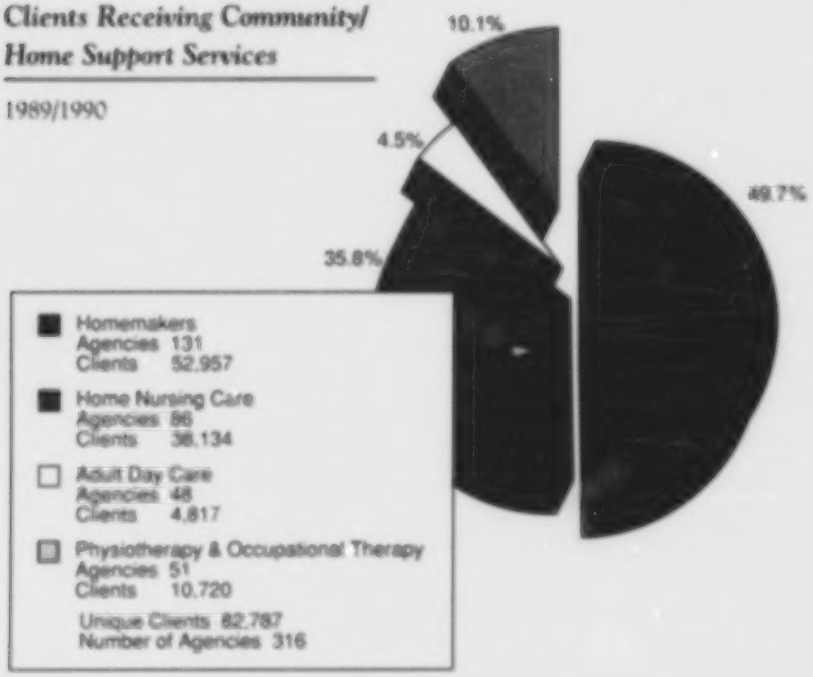

The *Continuing Care Act* was passed on May 31, 1989 to provide a statutory framework governing the relationship between the ministry and providers of non-acute, continuing care services. The act introduced a formal contractual agreement for services purchased by the province on behalf of continuing care clients. The act also gave the ministry authority to establish and enforce operating and program standards for better care of continuing care clients.

Another significant initiative introduced in 1989/90 was the Comprehensive Care Pilot Projects to facilitate change and innovation in intermediate and extended care facilities. All projects are directed towards increasing client autonomy and preventing deterioration in clients' health status. Projects approved included an expanded rehabilitation/activation and respite program, emergency respite, a geriatric outreach service, a short term rehabilitation unit and the adaptation of a facility to serve psychogeriatric clients.

Through the Hospital/Community Partnership Program, a number of additional quick response programs were funded and a number of pilot palliative care programs were established. These joint initiatives confirmed the commitment of the Continuing Care Division to be responsive to clients' needs while providing appropriate and efficient services along the continuum of care.

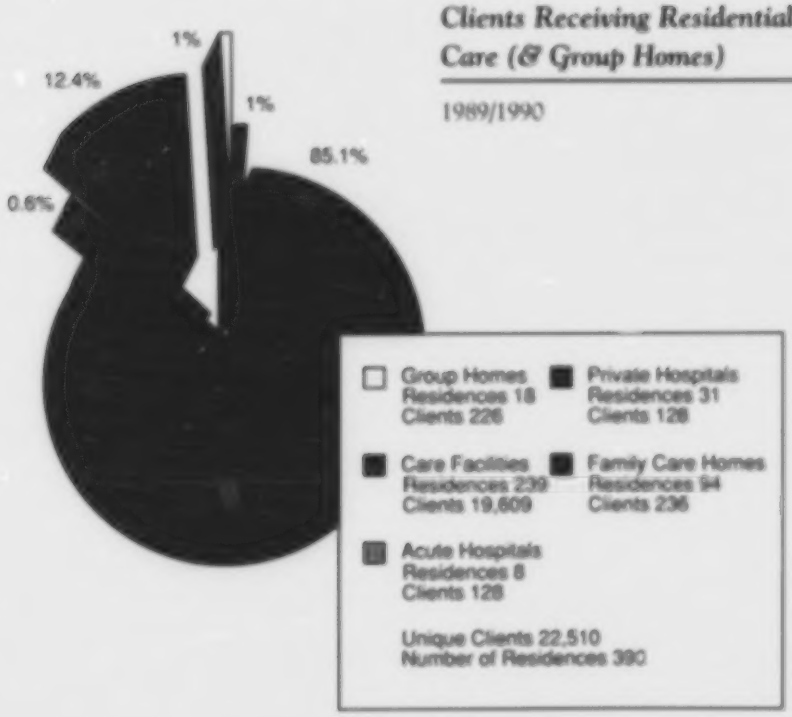
## *Clients Receiving Community/ Home Support Services*

1989/1990



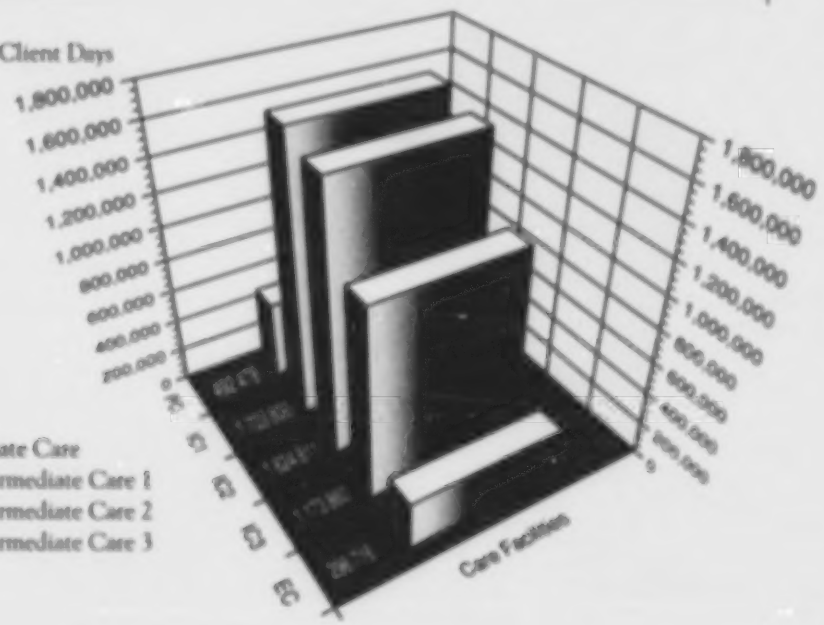

## *Clients Receiving Residential Care (& Group Homes)*

1989/1990

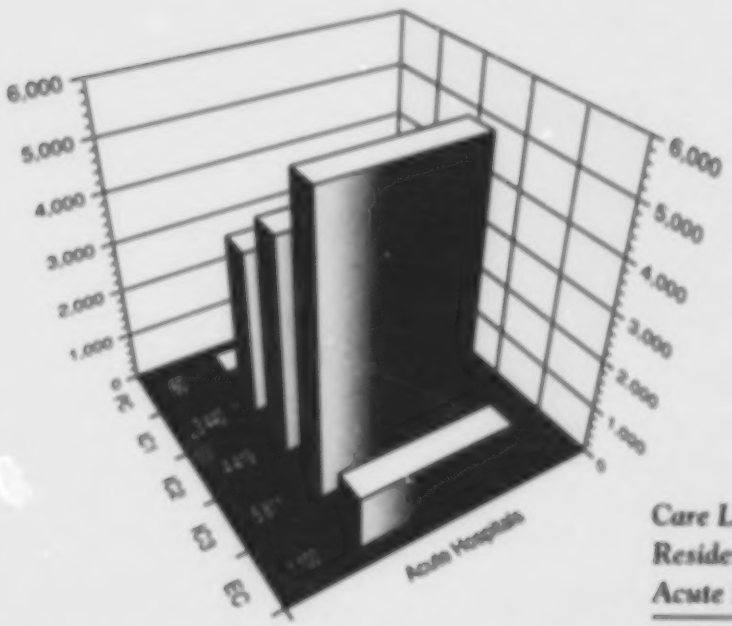


## *Care Levels for Residential Care - Care Facilities*

1989/1990
Based on Paid Client Days




PC - Private Care
IC1 - Intermediate Care 1
IC2 - Intermediate Care 2
IC3 - Intermediate Care 3



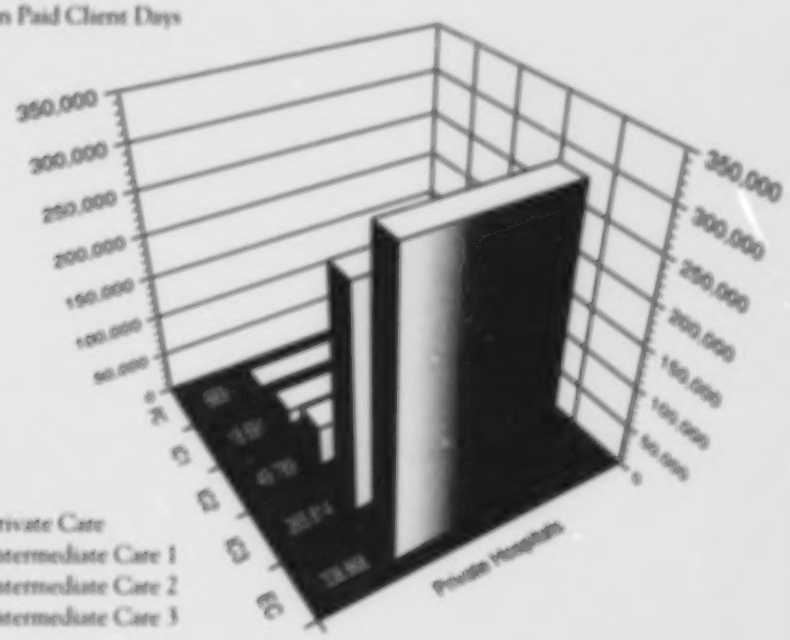

PC - Private Care
IC1 - Intermediate Care 1
IC2 - Intermediate Care 2
IC3 - Intermediate Care 3

## *Care Levels for Residential Care - Acute Hospitals*

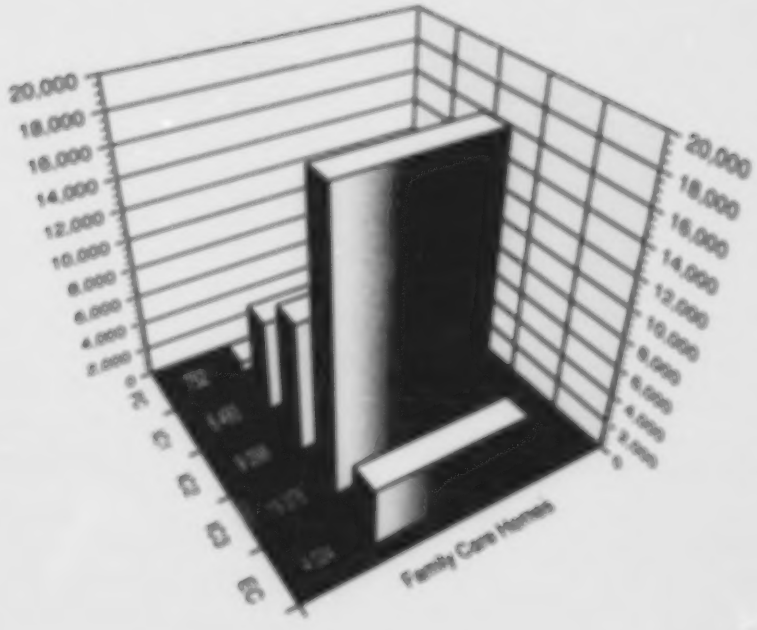
1989/1990
Based on Paid Client Days

## *Care Levels for Residential Care - Private Hospitals*

1989/1990
Based on Paid Client Days




PC - Private Care
IC1 - Intermediate Care 1
IC2 - Intermediate Care 2
IC3 - Intermediate Care 3



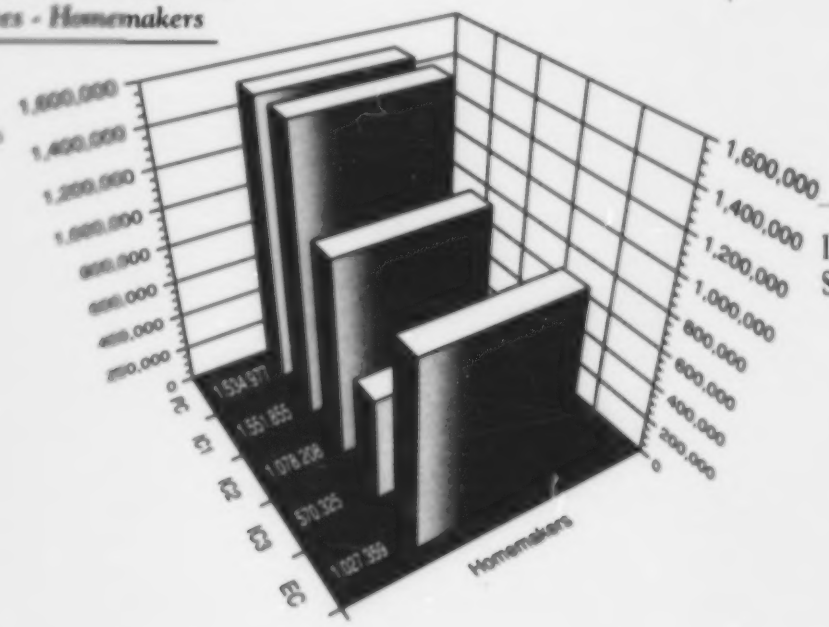

## *Care Levels for Residential Care - Family Care Homes*

1989/1990
Based on Paid Client Days

PC - Private Care
IC1 - Intermediate Care 1
IC2 - Intermediate Care 2
IC3 - Intermediate Care 3

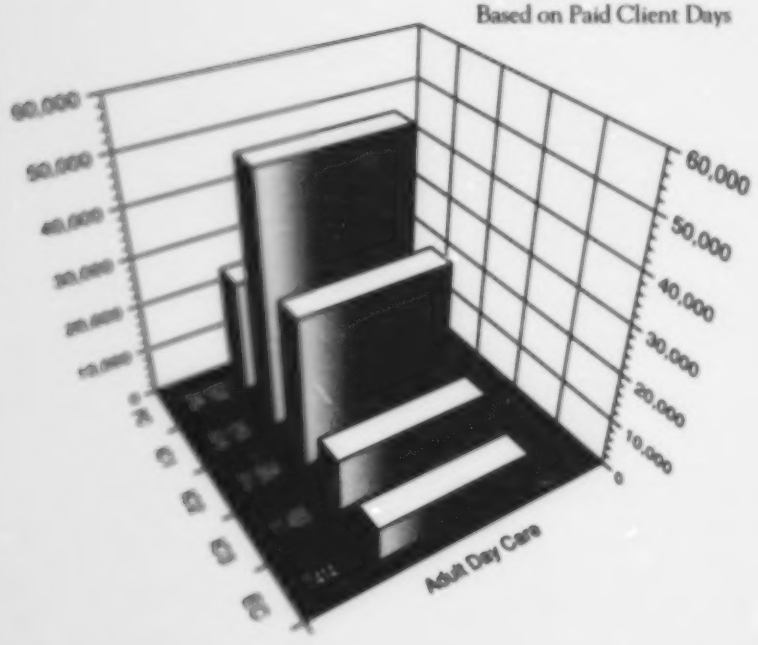
### *Care Levels for Community/Home Support Services - Homemakers*

1989/1990
Based on
Paid Client Hours




### *Care Levels for Community/Home Support Services - Adult Day Care*

1989/1990
Based on Paid Client Days



## INSTITUTIONAL MANAGEMENT RESOURCES DIVISION

The mandate of Institutional Management Resources Division is to provide advice and assistance to the management of Institutional Services to effectively deliver programs. This is accomplished through three branches, each managed by a director reporting to the division's executive director:

- Institutional Information Resources provides advice and assistance to management regarding the identification of information needs and development and implementation of strategies to meet those potentials;
- Institutional Funding and Analysis provides advice and assistance regarding development and implementation of financial systems and procedures that are required to appropriately allocate available financial resources. The branch also maintains an accurate and timely record of commitments against those financial resources, providing the information necessary for sound financial management;
- Institutional Administration provides advice and assistance regarding policy development and analysis, administration systems and procedures and specialized administrative services.

During 1989/90 Institutional Management Resources took a lead role in ensuring that ministry managers had information, policy and funding frameworks in place to support:

- equitable distribution of available funding;
- informed decision-making on the approval of new beds and/or programs; and,
- identification and reward of those providing efficient, high quality care.

Similarly, the division worked to ensure that these frameworks assisted service providers in managing appropriately, while providing the best health care available.

## FACILITIES PLANNING AND CONSTRUCTION

The Facilities Planning and Construction Division provides direction and co-ordination of facility development and maintenance. Major responsibilities include: capital planning; co-ordination of regional planning; and, the review and direction of functional programming, design, construction, and cost control for acute, extended care, diagnostic and treatment centres and intermediate care facilities in our province.

The division provides professional, technical and administrative expertise in the planning and construction processes in concert with Regional Teams from the Hospital Programs Division, and Continuing Care Division. Together, the divisions develop, direct and co-ordinate individual programs which will produce economical, efficient and up-to-date facilities to meet the ever-changing patterns of health and hospital care.

Staff members serve on liaison and working committees of government departments, and regional and facility administrators. They participate with organizations and associations in the matters relating to health facility planning and construction.

The division's obligation to ensure public funds are being utilized for high-quality, cost-effective institutional care facilities is especially challenging due to the fact that the province's hospitals and many of its continuing care services are operated by voluntary, autonomous boards. In addition, most, if not all, of the costs of the division's services are driven by demand. Consequently, an integrated approach — spanning the entire continuum of care — is essential for maximum utilization of facility options.

In 1989/90 the Facilities Planning and Construction Division was responsible for the planning, co-ordination, development and direction of approved construction projects amounting to $640 million.

# MEDICAL SERVICES COMMISSION

*The goal of the Medical Services Commission is two-fold: to ensure that all British Columbians have access to medical services and health care, and to develop more effective and cost-efficient methods to manage these programs. Two major accomplishments in 1989/90 were the enhancement of premium assistance levels for residents with low incomes and the introduction of B.C.'s new CareCard.*

*The Medical Services Commission is responsible to the Minister of Health for the administration of the Medical Services Plan and Pharmacare. The Executive Director of the Medical Services Plan and the Executive Director of Pharmacare report to the Chairman of the Medical Services Commission, and are responsible for the overall operation of the Medical Services Plan and of Pharmacare, respectively.*

## MEDICAL SERVICES PLAN

The main function of the Medical Services Plan (MSP) is to administer British Columbia's medical insurance plan by registering subscribers, collecting premiums and paying for services covered by the plan. In addition, MSP monitors practitioners' patterns of practice, investigates over-utilization of the plan and participates in negotiating fees for services rendered under the plan.

Basic benefits of the plan included in 1989/90 were all medically required visits to general practitioners and specialists; laboratory services and other diagnostic procedures including X-rays and ultrasound examinations; and dental and oral surgery when medically required to be performed in a hospital. A number of supplementary benefits continue to be offered, including services provided by chiropractors, massage therapists, naturopathic physicians, optometrists, orthoptists, podiatrists and physiotherapists.

### Registration and Premium Billing

Approximately 3.05 million people were registered with the Medical Services Plan at year end 1989/90, representing more than 98 per cent of the population of British Columbia. Coverage was provided to permanent residents of British Columbia. New residents received coverage following a waiting period comprised of the remainder of their month of arrival, plus two additional months.

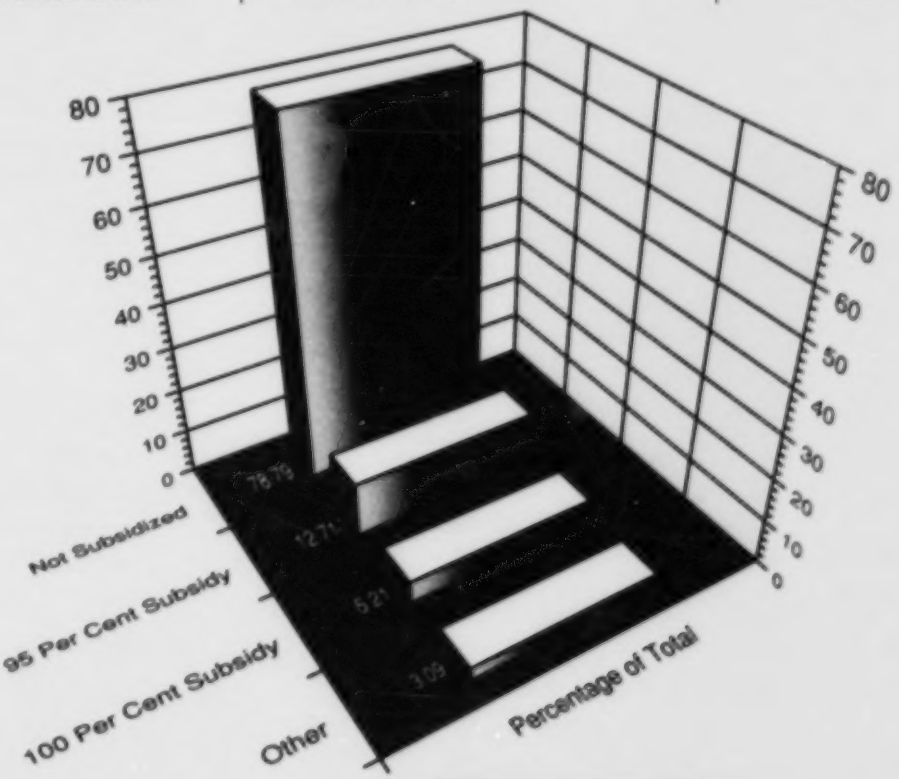
Medical Services Plan premium rates during 1989/90 continued to meet the ministry's objective to fund approximately 50 per cent of medical and 100 per cent of supplementary health benefits costs through premiums. In order to meet this funding objective, effective April 1, 1989, the monthly premium rates were increased from $29 to $31 for a subscriber without dependents; from $52 to $55 for a family of two; and from $58 to $62 for a family of three or more.

## Premium Assistance

To ensure that all British Columbia residents had access to medical coverage, entire premiums for some residents were paid by either the provincial or federal government. For example, the Province of British Columbia paid the premiums for certain individuals receiving benefits from the Ministry of Social Services and Housing. The Department of National Health and Welfare paid premiums for status Native Canadians.

Residents with low incomes may have also applied to the Medical Services Plan for assistance with premium payments. Premiums were subsidized at 95, 75, 55, 35, or 15 per cent for one year for individuals who qualified, based on their previous year's adjusted net income. The 75, 35 and 15 per cent subsidy levels were introduced in July 1989. Temporary premium assistance was available to subscribers who had encountered financial hardship as a result of their then current circumstances.

During 1989/90, the ministry paid approximately $164.9 million in premium subsidies for more than 645,000 British Columbians.




**Other:**
75% Subsidy 1.26%
55% Subsidy 1.04%
35% Subsidy .49%
15% Subsidy .30%

***Distribution of Premium Assistance by Subsidy Type***

Total Subscribers = 3,047,349

1989/1990

## CareCard

In 1989/90, the Medical Services Plan replaced paper MSP cards with CareCards — plastic medical identity cards featuring lifetime Personal Health Numbers. The Personal Health Number is used each time a person visits a hospital or a health care provider whose services are covered by the Medical Services Plan. A gold CareCard for seniors was also introduced to replace the Medical Services Plan and Pharmacare cards.

The Personal Health Number will provide the Ministry of Health with several operational benefits and will improve the ministry's ability to conduct more effective analyses for research, program evaluation and planning purposes. This improved ability to assess health care trends will enable the ministry to plan more effectively for services for British Columbia residents.

## Medical Services Plan Expenditures

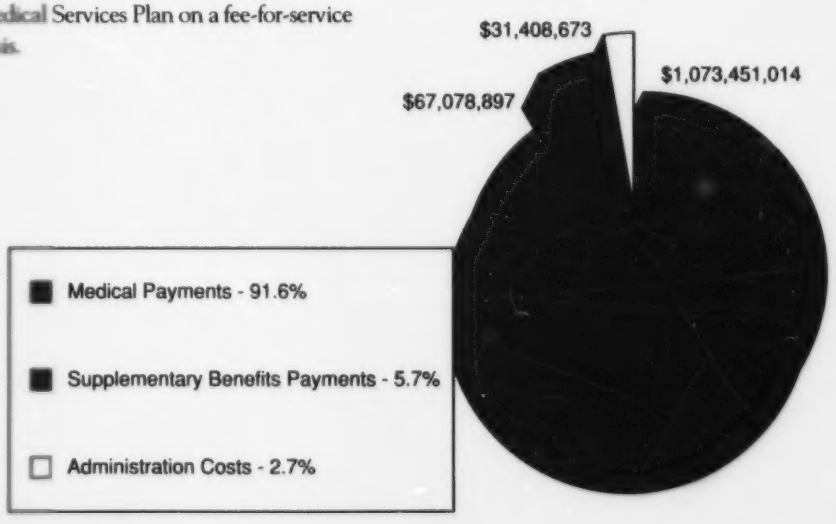
At year end, approximately 6,200 physicians and 2,100 supplementary benefit practitioners were billing the Medical Services Plan on a fee-for-service basis.

Fees for physicians are determined by the Medical Services Commission and the British Columbia Medical Association (BCMA), a voluntary organization representing the concerns of the medical profession. Fees for dentists, oral surgeons and supplementary practitioners are negotiated by their respective professional organizations and the Medical Services Plan.

Close to 98 per cent of the cost of the Medical Services Plan consisted of payments to practitioners. In 1989/90, the plan paid out $1.14 billion for the services of physicians and other health care providers. Payments to physicians increased by 6.1 per cent over the preceding year to a total of $1.07 billion, while payments to supplementary benefit practitioners increased by 18.8 per cent to $67.1 million.

### *Summary of Disbursements*

March 31, 1990



As in previous years, visits to general practitioners' offices represented the single largest expenditure for medical fee-for-service payments — $375.2 million in 1989/90. Also as in previous years, chiropractic services represented the single largest expenditure for fee-for-service payments for supplementary benefits — $25.7 million.

## Salaried and Sessional Programs

Some services provided by physicians do not lend themselves to the usual fee-for-service form of reimbursement . An example is the care that is provided in hospital emergency rooms. In order to reimburse physicians for such services, the Medical Services Plan provides funds to hospitals and health care agencies for physicians to be paid either by a salary; or by a fee for each session worked (a session being defined as a minimum of 3.5 hours of service); or on the basis of contract remuneration.

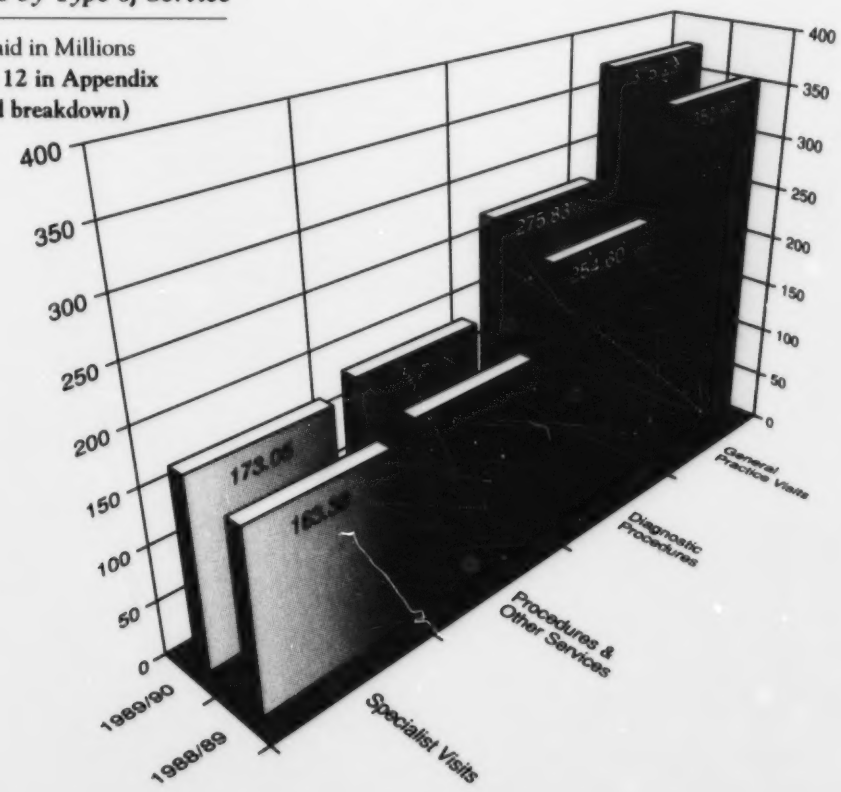
During 1989/90, some 1,200 physicians at 215 hospitals or agencies received payments through Salaried and Sessional Programs. The total expenditure was $54 million.

## Assistance to Rural and Isolated Areas

The Medical Services Plan funds a number of programs to help rural and isolated communities attract and retain physicians. The Northern and Isolation Allowance Program pays

***Distribution of Fee-For-Service Payments by Type of Service***

Amount Paid in Millions
**(see Table 12 in Appendix for detailed breakdown)**



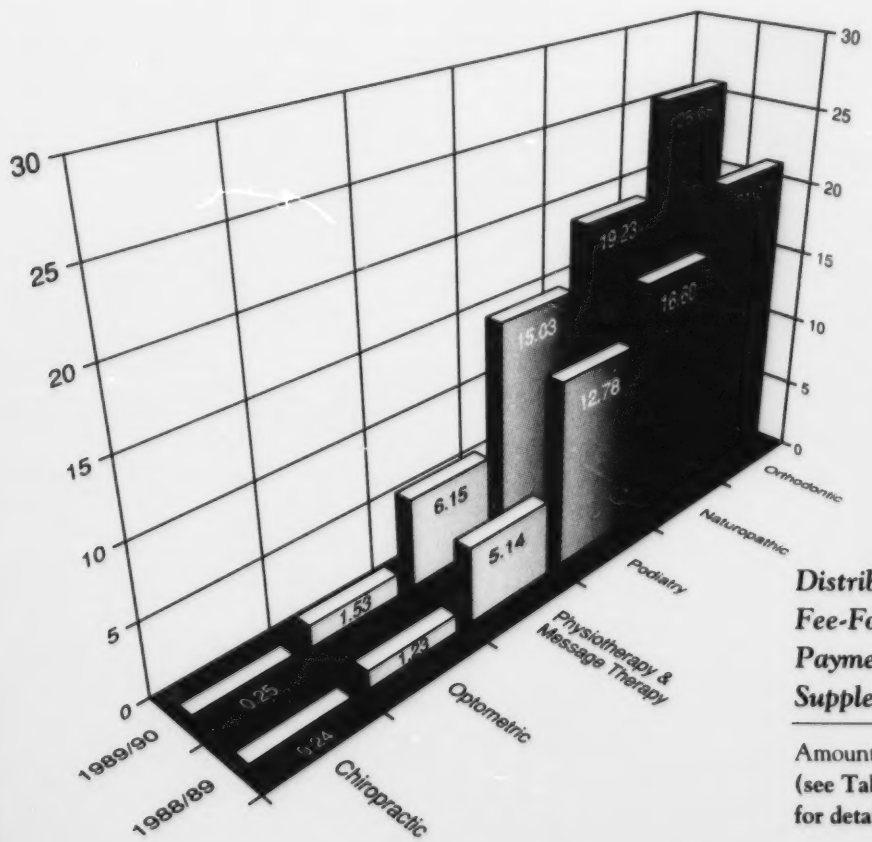
physicians up to 20 per cent more for each service provided than they would receive for providing the same service in a more urban area. In 1989/90, 424 physicians in 70 communities were eligible for this allowance. Costs for the year were $4.4 million.

The Northern and Isolation Travel Assistance Program provides funds to defray the costs of specialists travelling to isolated areas in order to provide services that would otherwise be unavailable. In 1989/90, approximately 450 specialists' visits to 23 communities were covered by a budget of $244,000.

## PHARMACARE

The Pharmacare Program assists permanent residents of the province with the purchase of:

- most drugs prescribed by a physician, dentist or podiatrist;
- insulin, needles and syringes for insulin-dependent persons with diabetes;
- glucose strips (to measure blood sugar levels) for people with gestational diabetes who have a valid Certificate of Training in the use of these strips, and where testing is medically indicated;




***Distribution of Fee-For-Service Payments for Supplementary Benefits***

Amount Paid in Millions
**(see Table 11 in Appendix for detailed breakdown)**

- certain ostomy supplies; and,
- designated permanent prosthetic appliances orthotic devices (braces). These benefits require prior approval.

In cases of medical necessity, consideration may be given to reimbursement of some non-benefit medications.

The costs of all Pharmacare programs for 1989/90 totalled $214.92 million. This included an administration cost of $2.8 million.

Pharmacare benefits are provided under five plans:

**Plan A** provides residents over 65 years of age coverage for drug costs and for 25 per cent of dispensing fees up to $125 per year. Over that amount, the plan cover 100 per cent of dispensing fees.

**Plan B** provides benefits at no cost to individuals residing in licensed, continuing care/long-term care facilities.

**Plan C** provides benefit items at no cost to persons covered by the Ministry of Social Services and Housing.

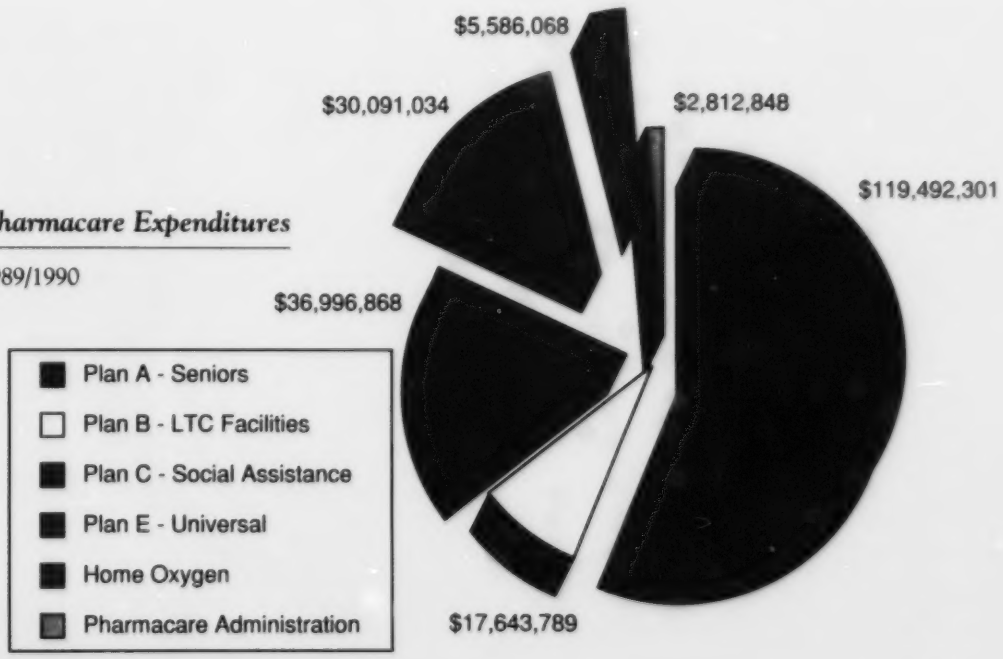
**Plan E** allows individuals under 65 years to receive reimbursement for 80 per cent of the costs of eligible purchases exceeding an annual deductible ($325). The maximum annual cost per family is $2,000.

**Plan F** is for children who are eligible for the At Home Program. They receive Pharmacare benefits at no cost.



*Pharmacare Expenditures*

1989/1990



## Home Oxygen Subsidy Program

Pharmacare administers the Home Oxygen Subsidy Program which provides financial assistance to supply and deliver oxygen to eligible individuals.

## Triplicate Prescription Program

The Triplicate Prescription Program is designed to curb the improper use and diversion for non-medical use of certain prescription drugs. The program came into effect on January 1, 1990, and was initiated by Pharmacare in co-operation with the College of Physicians and Surgeons, the College of Pharmacists, the College of Dental Surgeons, and the British Columbia Veterinary Medical Association. The program enables these professional organizations to monitor prescribing, dispensing and distribution of a selected number of drugs of concern.

# MANAGEMENT OPERATIONS

*Management Operations Division provides corporate leadership and services in the development of co-ordinated policy, planning, research and legislation. It is responsible for staff development and the management and control of the material, financial, informational and human resources of the ministry. It also represents the ministry in dealings with central agencies such as Treasury Board, Government Personnel Services Division, B.C. Systems Corporation, B.C. Buildings Corporation and Office of the Comptroller General.*

*This division participates in the planning and delivery of ministry services. It provides logistical assistance, accommodations and other support services, and provides a vital statistics service to the public and to the research community.*

*The scope of this division includes performing the following services for the ministry:*

- *financial and personnel management;*
- *policy development, planning and legislative services;*
- *program audit and review;*
- *communications and education support;*
- *information systems;*
- *staff training and safety programs; and,*
- *accommodation and support services.*

## OPERATIONAL REVIEW DIVISION

The Operational Review Division carries out independent reviews to evaluate and report on the economy, efficiency and effectiveness of ministry operations and management controls. The reviews provide a service to ministry management by identifying and assisting in the resolution of operational problems and deficiencies in order to effect improvements. Wherever possible, the division also assists the private sector in creating employment opportunities through the manufacture of health care products in British Columbia. During 1989/90, the division was expanded by three staff in order to undertake an increased number of review activities.

Significant accomplishments during 1989/90 include:

- operational reviews of the ministry's Management Operations Program, funding of public hospitals' hearing aid purchasing, and medical laboratories;
- a joint proposal with Baxter Corporation to develop a plasma fractionation facility in British Columbia;
- designation of "Ministry of the Year" during 1989/90 under the provincial government's Suggestion Awards Program. This government-wide program encourages employees to identify and develop suggestions to increase efficiency and service quality of government programs.

## HUMAN RESOURCES DIVISION

The Human Resources Division maintains and develops services necessary to manage the ministry's human resources through headquarters in Victoria and seven other regional offices. Services include staffing, job classification, labour relations and a variety of other personnel functions.

The division collaborated with the Systems Division to develop a major data system to provide timely and accurate human resources data for ministry use. As a result, this management information is immediately accessible on-line.

There were approximately 25 per cent fewer new appointments during the 1989/90 operating year totalling 662 compared with 904 the previous year. The index of staff turnover for the ministry (number of monthly job postings relative to the number of full-time employees) was 1.37 in 1989/90 and showed a decline from the previous year of approximately 15 per cent. Staff grievances, however, increased by approximately 10 per cent.

The largest increase in activity for the division during the year was related to position classifications. A total of 905 job classification reviews were completed, compared with 582 in 1988/89. The division can now complete a review of all positions in the ministry within a five-year cycle. This capability is desirable to maintain accuracy and fairness in employee compensation.

During the year, the ministry's Generic Job Description Manual was up-dated and expanded for distribution to staff. Major reviews were completed on the Home Care Nurse, the Social Program Officer, the Occupational Therapist, and the Scientific/Technical Officer series of positions, as well as position reviews for the reorganization of two areas: Family Health and Forensic Psychiatric Services.

## STAFF DEVELOPMENT AND SAFETY PROGRAMS

The Staff Development and Safety Programs Division provides timely and appropriate leadership and direction for staff development and occupational health and safety.

The division delivered a total of 4,881 participant-days of in-house staff development courses in 1989/90. In addition, over 1,468 staff attended specialized training courses delivered by private contract or community-based educational institutions. Women's Programs delivered 1,967 participant hours of specialized developmental training to female ministry staff.

Training initiatives provided courses in written communication, office procedures, secretarial skills and an advanced communications workshop for supervisors. Major new initiatives implemented included the Clerical Development Project, production of a course catalogue/calendar, and organization and implementation of a regional training plan.

Under the direction of the Women's Advisory Committee the rotating, developmental position of Women's Program Co-ordinator was established to organize special projects and funding for staff development training. The first issue of the Women's Programs newsletter "Highlight" was published and distributed.

The division continued to actively promote occupational health and safety by providing training programs in areas such as driver development, W.H.M.I.S. (Workplace Hazardous Materials Information System), and Supervisory and Safety Committee functions to staff in all major centres of the province.

The Back Education Unit completed its first full year of operation with over 59 one-on-one consultations. The Back Education Unit accommodates all ministry employees recuperating from back injuries and those seeking to prevent injury. Individualized sessions include physical fitness assessments, exercise recommendations and ergonomic considerations. Emphasis is on self-responsibility and follow-ups are encouraged. The Back Education Unit also teaches workshops on back health throughout the Lower Mainland.

The Employee-Instructor Program was enhanced by the addition of several new participants who, as content experts, delivered courses and/or mini-sessions to supplement the in-house programs offered by Staff Development and Safety Programs.

## SYSTEMS DIVISION

The Systems Division provides consulting services, systems analysis, maintenance services and operational system support to all ministry programs.

In 1989/90, the division supported the ministry in introducing new operational information systems and enhancing existing systems. In addition, the division supported the ministry's focus on improved information systems for monitoring and management functions.

During the year the division undertook projects which:

- modified a number of the ministry's computer systems to accept the new Personal Health Number in conjunction with the issuance of the Ministry of Health CareCard;
- implemented major enhancements to the Medical Services Plan claims system to improve efficiency and integrity;
- completed the automation of the main clinical and laboratory activities of the B.C. Centre for Disease Control;
- implemented a patient management system for the Forensic Psychiatric Services Program;
- implemented a new human resources system;
- implemented a triplicate prescription system for Pharmacare;
- extended the systems capabilities of ministry field offices in order to support improved planning and control of field activities by management;
- developed and implemented a ministry-wide privacy of information policy and associated procedures;
- identified the requirements for an executive information system to improve the availability of information and the exchange of data within ministry management; and,
- developed strategic systems plans for both the Medical Services Plan and Pharmacare.

## SUPPORT SERVICES DIVISION

The Support Services Division provides a wide range of services to all sectors of the ministry including health units, mental health centres, and government hospitals and institutions.

The Space Planning and Facilities Management Branch manages the ministry's annual budget for physical accommodation provided through the British Columbia Buildings Corporation. The branch ensures that the ministry receives the best possible value in accommodating approximately 7,500 full- and part-time employees in approximately 380 facilities located in over 160 communities across the province.

The Management Services Branch provides general support to program areas in order to facilitate the efficient delivery of health services. Areas of service include forms management, graphic services, vehicle fleet management, risk management, library, audio-visual, communications, printing, mail services, and records and assets management.

Highlights for 1989/90 include:

- completion of a functional program and pre-feasibility study to replace the Forensic Psychiatric Institute. A 30-bed temporary accommodation unit was developed and fully occupied;
- negotiation of approvals to construct the Kelowna Health Centre and to plan health centres in Dawson Creek and Fort St. John;
- completion of a number of new facilities including 15 ambulance stations, 11 office accommodations and two kidney dialysis clinics. New facilities initiated included three ambulance stations, two kidney dialysis clinics, 15 health centres and miscellaneous office accommodations;
- re-negotiation of leases for 17 health centres, and scheduled 20 centres for replacement or major renovations over the next five years;
- facilitation of the transfer of the Speech and Hearing Technical Laboratory to the Community and Family Health Division; and,
- the addition of a desktop publishing capability to the Forms and Graphics Section.

## POLICY, PLANNING AND LEGISLATION DIVISION

This division is responsible for health economic analysis; health human resources analysis; health disaster preparedness coordination; policy recommendations for ministerial, inter-ministerial and inter-governmental decisions; co-ordination of legislation; and research and evaluation in support of ministry programs.

During 1989/90 the Policy Branch prepared materials for the deputy minister and the minister for provincial and federal conferences. It developed cabinet submissions, and supported the ministry and ministry executive with a wide range of reports and information. Position papers were prepared throughout the year on current issues.

The legislation section of the Policy Branch co-ordinates the annual legislative program for the ministry. Two new acts were passed in 1989/90; the *Continuing Care Act* and the *Seniors Advisory Council Act*. Miscellaneous amendments were made to another 15 acts, including extensive amendments to the *Hospital Act*. In addition, the *Health Disciplines Act* was introduced as an "exposure bill" to solicit public input on the self-regulation of emerging health disciplines and professions. As well, considerable preparation was undertaken for legislation to be introduced during 1990/91.

The Health Economics and Planning Branch provided support for numerous ministry initiatives including the British Columbia Heart Health Strategy; new management plans for the ministry; negotiations with health care providers; a plan addressing nurse supply issues; and an assessment of the Assertive Outreach Project at Riverview Hospital.

The scope of information contained within the Health Planning Database, a corporate information system, was expanded, and the number of people using this resource increased. The branch provided the ministry with representation on a number of federal-provincial committees relating to health human resources. It also provided funding to the Health Manpower Research Unit at the University of British Columbia. Among other things, this unit produced Rollcall '89, a report on the quality, distribution and characteristics of selected health personnel; and Production '89, a report on the development of health personnel within the province.

The Research and Evaluation Branch undertook research projects, scientific literature reviews, surveys, program evaluations, economic studies and research consultations for the ministry. Major evaluations were completed concerning Hospital Discharge Planning Units, the Strengthening the Family Initiative, and the Prenatal Class Utilization Policy.

The division completed the Ministry of Health's Disaster Preparedness Plan; distributed an earthquake survival guide to each ministry employee; and took charge of emergency medical supplies under the National Medical Stockpile Agreement. The division also co-sponsored the annual Vancouver Emergency Preparedness Conference, and the Victoria Health Disaster Preparedness Conference. Disaster planning manuals for hospitals and long-term care facilities were also completed.

## COMMUNICATIONS & EDUCATION BRANCH

The Communications & Education Branch is responsible for providing the ministry with overall communications planning, development, implementation and evaluation. Services provided by the branch include initiating and evaluating public health research, issues management, communications project planning and management, media and public relations, advertising, and the development and execution of a wide range of comprehensive educational and preventive initiatives.

During 1989/90, foundations were laid for two significant public health education, information and communication initiatives with the development of "Your Better Health Magazine" and "Health Files".

"Your Better Health Magazine" was created to provide the general public with a regular source of topical information about a wide variety of health and medical issues. Extensive market tests and surveys were conducted to ensure that the publication had an interesting and informative format, and that it appealed to a broad range of readers. The first issue of "Your Better Health Magazine" was distributed to all households in the province in the spring of 1990.

"Health Files" is a series of public-oriented information sheets designed to provide timely information on health issues and concerns ranging from the immunization of children to the consumption of raw milk or the treatment of head lice. Master copies of the information sheets are provided to each of the 120 health units and sub-offices in British Columbia for dissemination at the local community level.

The Communications & Education Branch also undertook a number of individual initiatives addressing specific health issues and concerns. The highly successful publication "Baby's Best Chance" was updated and reprinted, and a video version was produced and distributed. An award-winning series of posters dealing with Native AIDS awareness was produced, as well as support material for World AIDS Day and the World AIDS Symposium held in Montreal.

In support of the minister's additional responsibilities for seniors, the branch produced the final report for the Toward a Better Age Task Force. The report outlines the province's strategy for enhancing the health and well-being of its growing population of seniors. As well, support materials were developed for the Seniors Drug Action Program, a component of the inter-ministerial TRY (The Responsibility is Yours) Program. The materials were distributed to community-based organizations throughout British Columbia.

In the area of family health, the branch produced new vision-testing materials for children; an information kit for parents of children with Down's Syndrome; and a video on the Associate Family Program. For Environmental Health Protection, the branch developed a comprehensive public awareness and education program to promote safe food handling practises at home and commercially in support of the FOODSAFE training program and printed a series of public health inspection materials. A variety of other publications were produced in support of nutrition, public health nursing and licensing programs for community care facilities.

For other areas of the ministry, the branch produced a series of brochures outlining public services provided by the Division of Vital Statistics; a "Quick Facts" brochure giving an overview of ministry operations and responsibilities; a new brochure about Pharmacare; support materials for the Disaster Preparedness Program; and a display for the "2001 - A Health Odyssey" conference.

The branch played a major role in launching the province's new CareCard and gold CareCard for seniors, providing extensive media and public relations services and overseeing the development of communications initiatives to ensure a smooth transition to the new CareCards and the new Personal Health Numbers.

Other public issues managed by the branch included open heart surgery, environmental health hazards such as radon and pollution, the Mammography Screening Program, a variety of new and amended legislation, hospital operations, health research, mental health, child care licensing and a conference of provincial health ministers.

In all, the branch managed 185 communications programs, prepared 71 speeches and speaking notes for the minister's office and senior management and drafted 340 news releases.

## OFFICE OF HEALTH PROMOTION

There is growing recognition that the determinants of health, e.g. socio-economic status, education, social support and clean and safe physical environments, are basic prerequisites for improving the health of the population. Addressing the health status among various population groups in British Columbia and examining the impact of the social and physical environment on health are priorities for everyone.

Promoting health for all British Columbians requires a supportive environment which will enable people to increase control over and to improve their health. The Office of Health Promotion was established in August, 1989 under the Deputy Minister of Health in order to place an increased emphasis on health promotion within the ministry and the province as a whole.

The office focuses on five priority areas:

1) Improving public accountability for health by improving the quality of information on health status of the population, health determinants and health goals, and helping communities identify their local health issues and set health objectives.

2) Collaborating with major sectors in the province such as local governments, schools, and the corporate and health sectors, to create environments that support the health of individuals and communities.

3) Reviewing the health impact of government policies.

4) Promoting innovation in the ministry's approach to health issues by facilitating multi-sectorial collaboration and building networks among governments, communities, agencies and individuals; funding demonstration projects; and facilitating health promotion knowledge and skill development among health practitioners, researchers and the public;

5) Strengthening community action for health by recognizing and supporting communities to take action on their local health issues.

Significant accomplishments included:

- the development of a comprehensive tobacco use reduction strategy aimed at being the first province to have less than 20 per cent of its population as smokers.
- participation on the committee that recommended a personnel policy which banned smoking in provincial government workplaces and thereby helped to protect the health of 35,000 employees.
- a project with the British Columbia Medical Association (BCMA) to improve the ability of physicians to help their patients to stop smoking. Further, an ongoing collaborative relationship was established with the BCMA Council on Health Promotion regarding smoking and other health issues.
- initiating the "Healthy Schools" pilot project with the development of a draft resource guide for teachers and a pilot test in a number of schools. The project focuses on the school as a community, offering new strategies to encourage all members, students, teachers, administrators and parents, to become involved, to make the school a healthier place to be. The process enables children to become actively involved in learning and practising skills for decision making, coping and community interaction.

- grant funding was provided to support the work of the B.C. Healthy Communities Provincial Steering Committee. Representing 13 organizations and agencies, the committee promoted its healthy communities concept throughout B.C. The healthy communities concept recognizes every person's collective responsibility for the health of the community in which they live, and that strives to create a supportive environment for local action on health issues.

Health promotion supports provincial goals related to equity in health and healthy public policy.

## FINANCIAL SERVICES DIVISION

The Financial Services Division develops, implements and operates the ministry's fiscal management and control systems through the operation of three branches.

Financial Policy and Audit Services Branch develops, implements and maintains financial policies and procedures in accordance with the requirements of the Ministry of Health and Treasury Board. The branch also conducts audits and financial reviews to ensure compliance with policies.

During 1989/90, the branch developed and issued 18 formal financial policies, 14 policies by memorandum and nine by electronic mail. In 1989/90 a total of 41 policies were issued compared with 17 in the preceding year.

The branch also processed 229 permanent and 407 temporary spending authorities in 1989/90, compared with 193 permanent and 365 temporary spending authorities in 1988/89.

The Accounting Operations Branch manages and safeguards public funds while ensuring that efficient systems are in place for documenting and processing all ministry revenue and expenditure transactions. The branch is also responsible for the ministry's accounts payable and receivable



### *Accounting Operations Branch*
Comparative Statistics

| Description | Fiscal 89 | Fiscal 90 | % Change |
|---|---|---|---|
| Total revenue collected | $661,805,208 | $711,574,865 | 7.50 |
| Collection dept. revenue | 1,237,444 | 1,464,179 | 18.30 |
| Amount billed collection | 7,717,633 | 10,377,335 | 34.00 |
| Third party claims processed | 8,165 | 8,672 | 6.20 |
| Third party claims paid | 2,609 | 2,889 | 10.70 |
| Bills processed by MSP | 2,626,640 | 2,530,130 | -3.60 |
| Ambulance bills issued | 159,343 | 162,412 | 2.00 |
| Cheque vouchers processed | 44,500 | 49,728 | 11.70 |
| Travel vouchers processed | 17,997 | 20,457 | 13.60 |
| MSP cleared cheques processed | 229,619 | 237,433 | 3.40 |

operations, the operation of payroll and leave management systems and the collection of revenue due.

In 1989/90, 537 contracts totalling approximately $22.2 million were approved by the branch (excluding grants and contributions). The corresponding figures for the preceding year were 406 contracts costing approximately $15.9 million.

The Financial Analysis, Planning and Budgets Branch plans and co-ordinates the development of the ministry's annual operating and capital budget estimates; analyzes and monitors the financial results of the current year; reviews and analyzes the financial aspects of submissions to Cabinet and Treasury Board; and maintains the ministry's financial management information system.

In 1989/90, a total of 46 Treasury Board submissions were prepared representing no change from the previous year. However, there was a increase in the number of grant/contribution funding approvals from 304 in 1988/89 to 406 in 1989/90.

## LEGAL SERVICES DIVISION

The Legal Services Division continued to provide professional legal advise to the ministry in all areas of law, particularly health and hospital law and related medical-legal concerns.

## VITAL STATISTICS

(Vital statistics provided in this section are based on the 1989 calendar year)

The Division of Vital Statistics administers the *Vital Statistics Act*, *Marriage Act*, *Name Act* and Part 2 of the *Wills Act*. These acts govern the registration of births, deaths, marriages and changes of name, as well as the issuance of certificates relating to these events. In addition, Vital Statistics maintains special purpose registries such as the Health Surveillance Registry, which records the incidence and prevalence of various congenital and handicapping conditions; the Adoption Reunion Registry, which is a registry of children and natural parents wishing to establish contact; and registries for the filing of wills notices.

Other public services provided by the division include issuance of marriage licenses; appointment and training of individuals to act as District Registrars, Marriage Licence Issuers and Marriage Commissioners; performance of civil marriage ceremonies; processing legal changes of name; special verification of details related to birth, death and marriage events; searches of the Wills Registry for wills notices; genealogical tracing; and production and publication of an annual report containing statistical information.

In the interests of improving service delivery to the public, the division opened two new regional offices in Kelowna and Prince George and increased its use of government agents, hospitals and funeral directors to simplify registration processes and improve service delivery. Furthermore, enhancements made to the division's research function have lead to a variety of new products, programs and research services.

The division provided monthly vital statistics to all health units and prepared and distributed an annual report on vital events (births, deaths and marriages) to all municipalities and health units in the province.

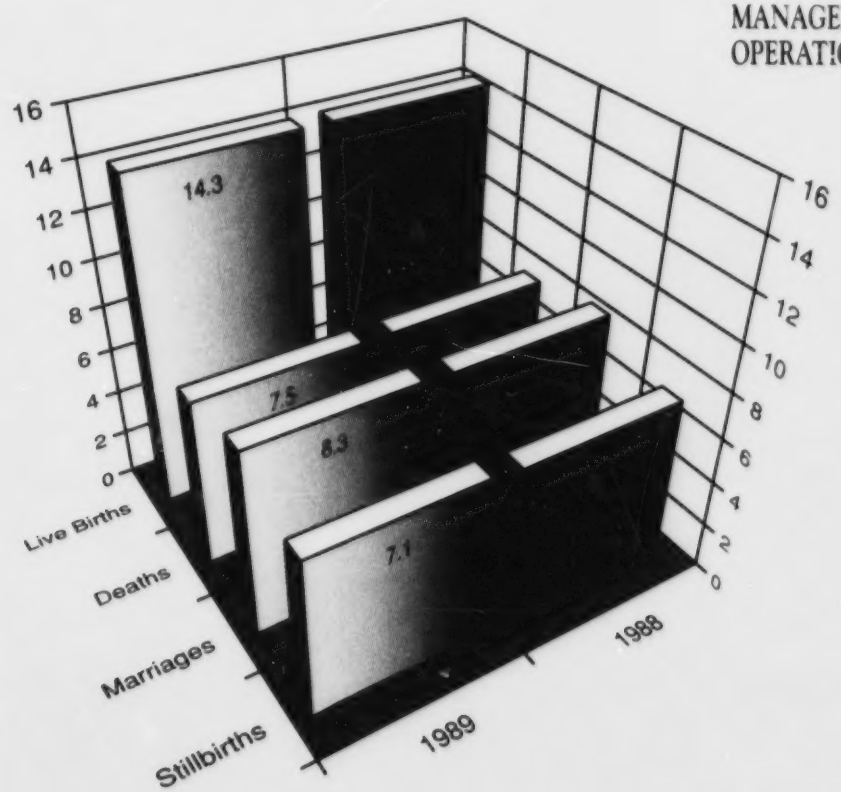
## Selected Statistical Information

Generally, over the past 40 years the crude rates for live births, deaths, marriages and stillbirths have been declining. However, over the last 10 years this decline has gradually levelled off. Of these crude rates, the live birth rate has shown the greatest amount of decrease; marriage and death rates have remained the most consistent; and the stillbirth rate has shown the most fluctuation.

### *Summary of Live Births, Deaths, Marriages and Stillbirths*

British Columbia 1988 and 1989
Rate per 1,000 population *(see Table 2 in Appendix for detailed breakdown)*





## Births

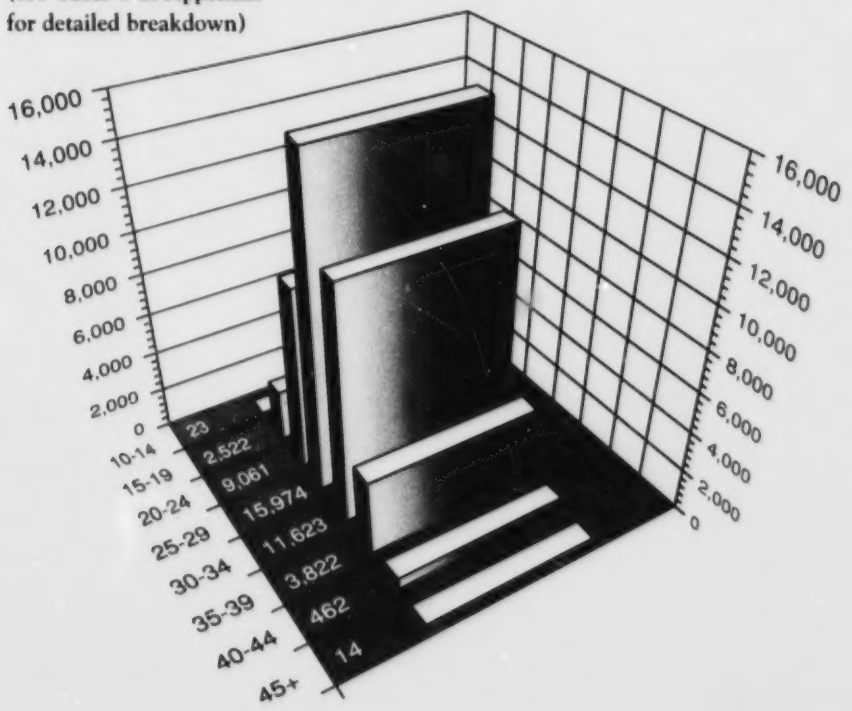
During 1989, there were 43,525 live births to residents of British Columbia, or 119 births per day. While this figure represented an increase of 1.8 per cent over 1988, the crude birth rate remained unchanged at 14.3 births per 1,000 population. The average birth weight for infants born in 1989 was 3,416 grams, with 99.5 per cent of these births occurring in hospital. The average age of mothers for infants born in 1989 was 28 years, with the youngest woman to give birth to a live born child being 12 years, and the oldest being 50.

The majority of total live births (84.2 per cent) occurred to mothers in the age range 20-34 years. This percentage was very similar to the 1988 figure of 84.8 per cent of live births occurring to mothers in this age range. The number of live births among teenage mothers (those less than 20 years of age) was up 7.0 per cent compared with 1988.

Of the total live births in 1989, 6.3 per cent were premature (less than 37 weeks of gestation). Of these premature births, more than half (55.8 per cent) were low birth-weight babies (less than 2,500 grams). Of the total number of live births in 1989, the percentage of low birth weight babies was 5.2 per cent. The percentage of low birth-weight babies among term (37-41 weeks of gestation) and post-term (greater than 41 weeks of gestation) infants was 1.8 per cent.

***Live Births by Age of Mother***

British Columbia 1989
**(see Table 3 in Appendix for detailed breakdown)**

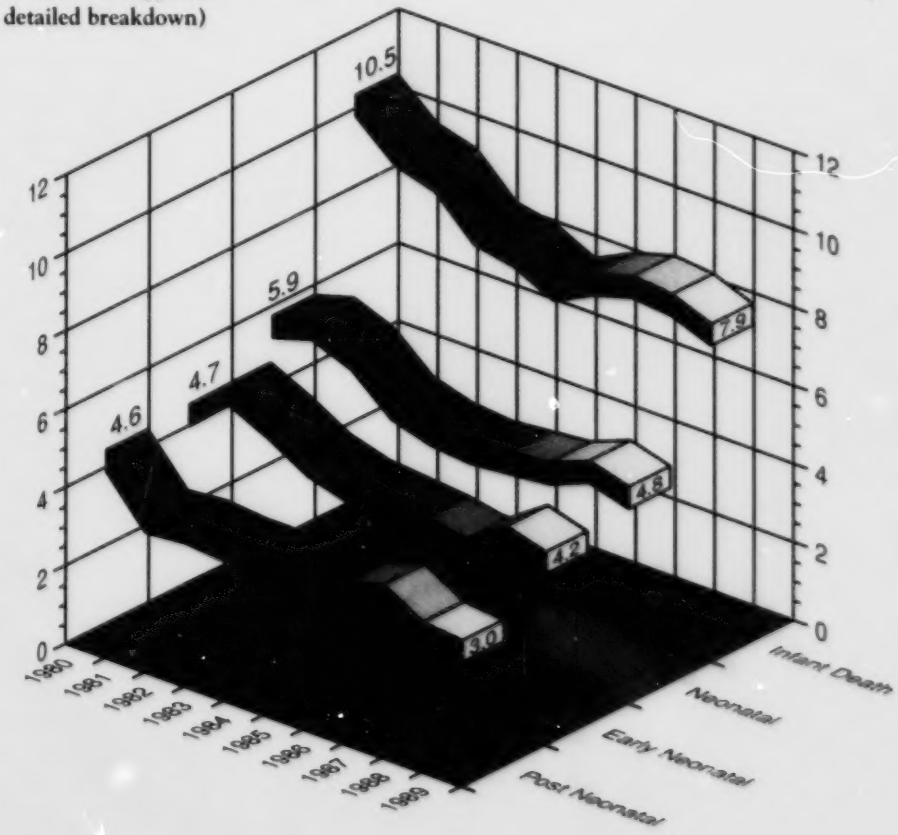


## Deaths

Over the past 30 years, there has been a substantial decline in the overall infant mortality rate. Even though this decline has leveled off over the last 10 years, some further reduction in the rate (25 per cent) was apparent. The greatest reductions over the last decade, however, have been made in decreasing the rate of post-neonatal deaths (age at death 28-364 days) with a rate decrease of 35 per cent.

### *Trends of Infant Mortality*

British Columbia 1980 to 1989
Rate per 1,000 Live Births
**(see Table 5 in Appendix for detailed breakdown)**



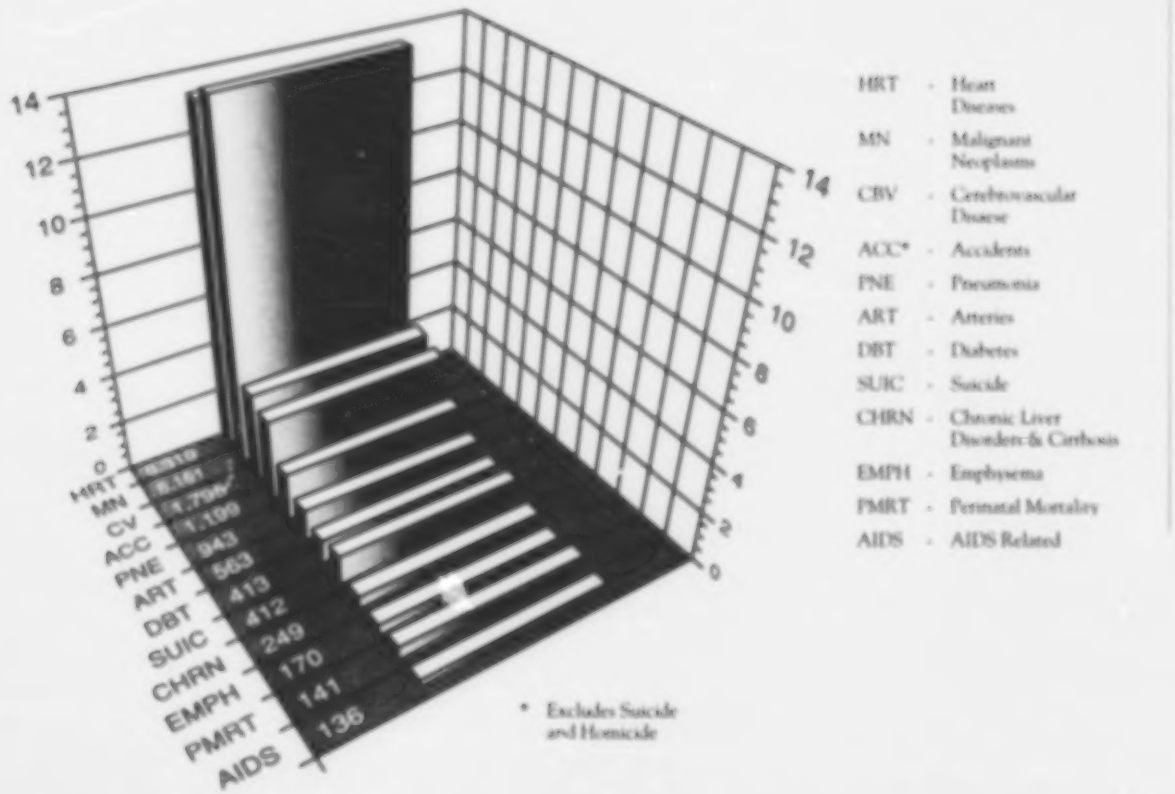
There were 22,776 deaths to residents of British Columbia during 1989, which translates to 62 deaths per day. While this total number of deaths represents an increase of 2.3 per cent over the 1988 figure, the crude death rate remained unchanged at 7.5 deaths per 1,000 population.

Heart disease (at 27.7 per cent) and cancer (at 27.1 per cent) were the leading causes of death in 1989, just as in 1988. There were 164 persons over the age of 100 years who died in British Columbia during 1989, with the oldest being 110.

The 12 leading causes of death for 1989 remained in the same order as in 1988. Furthermore, the top four leading causes of death have remained unchanged and in the same order since 1975. The most marked difference in these leading causes between 1988 and 1989 was for malignant neoplasms, which had a 4.2 per cent increase.

## *Twelve Leading causes of Death*

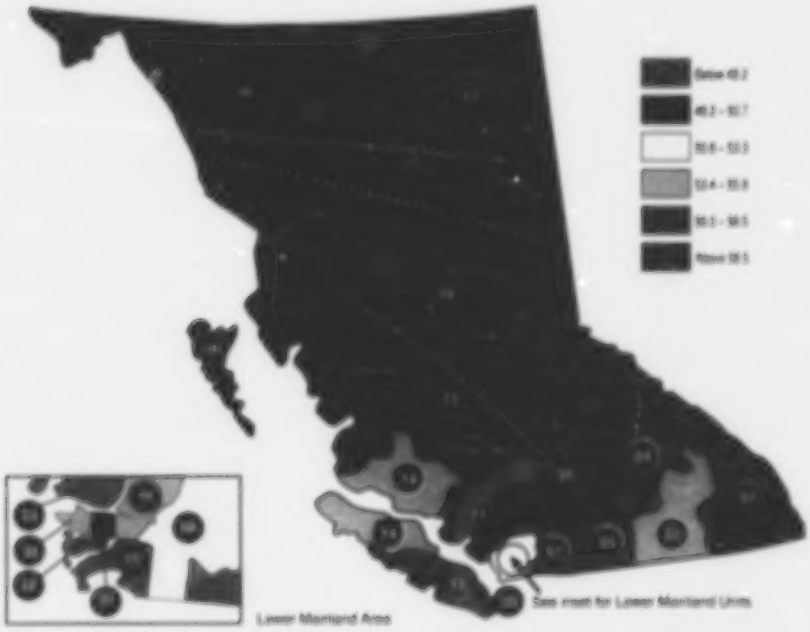
British Columbia 1989
Rate per 10,000 population




* Excludes Suicide and Homicide

## *Age Standardized Mortality Rate by Health Unit*

British Columbia 1989
Rates per
10,000 population



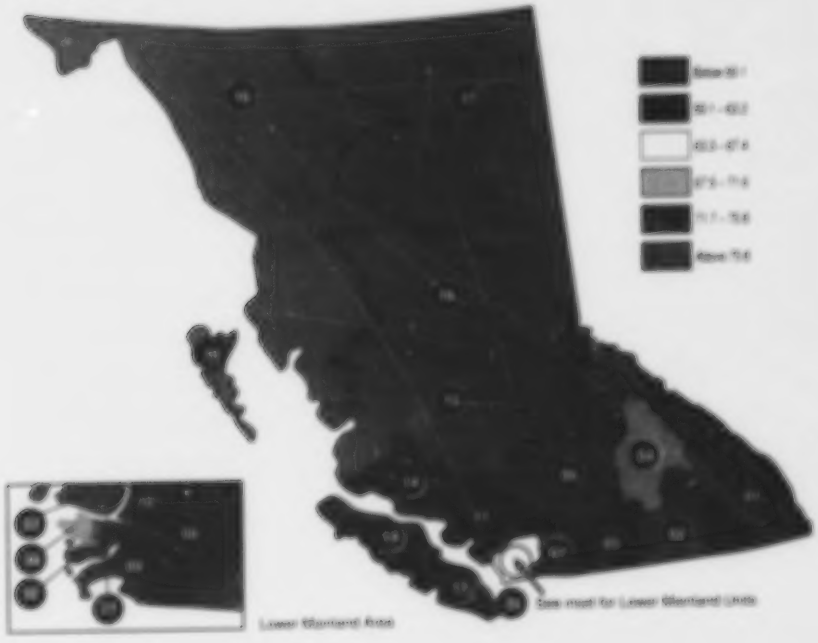

**Health Units**

| | | | |
|---|---|---|---|
| 1 East Kootenay | 8 Central Fraser Valley | 15 Cariboo | 31 Burnaby |
| 2 Central Kootenay | 9 Boundary | 16 Skeena | 32 Richmond |
| 4 North Okanagan | 10 Simon Fraser | 17 Peace River | 33 North Shore |
| 5 South Okanagan | 11 Coast Garibaldi | 18 Northern Interior | |
| 6 South Central | 13 Central Vancouver Is. | 22 Capital Regional District | |
| 7 Upper Fr... Valley | 14 Upper Vancouver Is. | 30 Vancouver | |

The lowest Age Standardized Mortality Rate (ASMR), for all causes of death, was in the Richmond Health Unit. The highest ASMRs were in the Cariboo, Skeena and Peace River health units.

## *Potential Years of Life Lost by Health Unit*

British Columbia, 1989
Rates per
1,000 population



### Health Units

1 East Kootenay
2 Central Kootenay
4 North Okanagan
5 South Okanagan
6 South Central
7 Upper Fraser Valley
8 Central Fraser Valley
9 Boundary
12 Simon Fraser
13 Coast Garibaldi
14 Central Vancouver Is.
15 Upper Vancouver Is.
15 Cariboo
16 Skeena
17 Peace River
19 Northern Interior
22 Capital Regional District
32 Vancouver
51 Burnaby
52 Richmond
53 North Shore

The lowest rates of Potential Years of Life Lost (PYLL) for all causes of death, were in the Boundary, Burnaby, Richmond, North Shore and Capital Regional District health units. The highest rates of PYLL were found in the Central Kootenay, South Central, Cariboo, Skeena, Northern Interior and Peace River health units. PYLL is the number of years of life lost when a person dies before the age of 75 years assuming each individual's potential life of 75 years.

## Marriages

There were 25,154 marriages solemnized in British Columbia in 1989, which is an increase of 2.0 per cent over the 1988 figure and an increase in the crude marriage rate from 8.2 to 8.3 per 1,000 population. Of the total number of marriages, approximately 47 per cent were civil marriages and 53 per cent were religious ceremonies. The youngest bride to be married in British Columbia in 1989 was 14 years old, the oldest was 86 years old. Grooms, on the other hand, maintained the trend of being slightly older, with the youngest being 16 years and the oldest being 92.

During 1989, as in 1988, the percentage of marriages where both the bride and groom had not previously been married was 59 per cent. Marriages where both partners were divorced accounted for 15 per cent of the total, while marriages where one partner was single and one was divorced accounted for 21 per cent of the total. These percentages are virtually identical to 1988 figures.

## Summary of Activities

During 1989, the Division of Vital Statistics issued a total of 198,354 certificates, representing a 16 per cent increase over the 1988 figure of 170,991. The issuance of these certificates by specific event was as follows: Birth Certificates 107,588 (an increase of 4.8 per cent over 1988); Marriage Certificates 25,921 (an increase of 5.1 per cent over 1988); and Death Certificates 64,845 (an increase of 48.5 per cent over 1988).

The division also processed 3,977 changes of names, conducted 12,833 will searches, added 16,117 cases to the Health Surveillance Registry and added 602 individuals to the Adoption Reunion Registry.

# STATEMENT OF EXPENDITURES

STATEMENT OF EXPENDITURES

## MINISTRY OF HEALTH

***Expenditure by Principal Programs***

For the Fiscal Years 1989/90 and 1988/89

| | 1989/90 | 1988/89 Restated |
|---|---|---|
| **Minister's Office** | $ 270,807 | $ 279,466 |
| **Ministry Operations** | | |
| Administration & Support Services | 68,050,152 | 62,263,634 |
| Preventive Services | 62,723,253 | 57,712,234 |
| B.C. Centre for Disease Control | 18,857,673 | 14,703,036 |
| Forensic Psychiatric Services | 23,720,128 | 20,113,856 |
| Mental Health | 155,089,296 | 144,453,240 |
| Services to the Handicapped | 34,855,560 | 27,685,419 |
| Hospital Programs | 2,115,205,552 | 1,899,549,097 |
| Continuing Care Services | 435,469,235 | 364,651,680 |
| Emergency Health Services | 70,558,201 | 64,335,876 |
| | 2,984,529,050 | 2,655,468,072 |
| **Medical Services Commission & Pharmacare** | | |
| Medical Services Commission | 1,171,938,584 | 1,095,099,465 |
| Pharmacare | 214,919,122 | 183,925,417 |
| | 1,386,857,706 | 1,279,024,882 |
| **TOTAL** | $4,371,657,563 | $3,934,772,420 |

## MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

### *Balance Sheet*

as at March 31, 1990
(thousands of dollars)

| | 1990 | 1989 |
|---|---|---|
| **ASSETS** | | |
| Cash | $ 9,613 | $ 7,163 |
| Accounts receivable | 4,520 | 3,710 |
| Due from the Province of British Columbia | 102,305 | 102,697 |
| | 116,438 | 113,570 |
| **LIABILITIES** | | |
| Accounts payable | 10,189 | 3,914 |
| Unpaid claims (Note 2) | 106,249 | 109,656 |
| | $116,438 | $113,570 |

The accompanying notes are an integral part of these financial statements.

On behalf of the Commission: C.B. Henderson. M.D., Chairman

### AUDITOR'S REPORT

To the Chairman of the
Medical Services Commission of British Columbia, and
To the Minister of Health
Province of British Columbia:

I have examined the balance sheet of the Medical Services Commission of British Columbia as at March 31, 1990 and the statement of operations for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests, and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31,1990 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

GEORGE L. MORFITT, F.C.A.
Auditor General
Victoria, British Columbia
June 15, 1990

## MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

***Statement of Operations***

for the Year Ended March 31, 1990
(thousands of dollars)

| | 1990 | 1989 |
|---|---|---|
| **EXPENDITURE** | | |
| Service costs | | |
| Medical care | $ 1,073,451 | $ 1,011,377 |
| Supplementary care | 67,079 | 57,061 |
| | 1,140,530 | 1,068,438 |
| Administration | | |
| Data processing | 9,662 | 9,147 |
| General office | 7,710 | 4,705 |
| Salaries | 14,037 | 12,823 |
| | 31,409 | 26,675 |
| | $ 1,171,939 | $ 1,095,113 |
| **CONTRIBUTIONS** | | |
| Province of British Columbia (Note 3) | $ 1,171,939 | $ 1,095,113 |

# MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

***Notes to Financial Statements***

for the Year Ended March 31, 1990

## 1. The Commission

The Medical Services Commission was established, effective July 1, 1968, by the Government of the Province of British Columbia under the *Medical Service Act* and Regulations, to administer and operate the Medical Services Plan.

## 2. Significant Accounting Policies

These financial statements have been prepared in accordance with generally accepted accounting principles.

## 3. Specific Accounting Policies

The cost of furniture and equipment is charged to administration expense in the year of acquisition.

The Province of British Columbia absorbs certain administration and accommodation costs associated with the operation of the Commission. In addition, superannuation and leave entitlement liabilities relating to the Commission are recorded as obligations of the Province.

## 4. Unpaid Claims

The liability for unpaid claims represents unpresented and unprocessed claims for services provided, and is based on both current year claims received after year-end and past claim experience and trends.

## 5. Contributions from the Province of British Columbia

(thousands of dollars)

| | 1990 | 1989 |
|---|---|---|
| Contributions | $ 1,007,010 | $ 949,697 |
| Premium Assistance | 164,929 | 145,416 |
| | $ 1,171,939 | $ 1,095,113 |

The *Medical Service Act* provides that the Province of British Columbia may pay for expenditures of the Commission out of an appropriation and shall pay premium assistance for qualified subscribers whose incomes are below specified amounts.

## 6. Contingent Liability

(a) In the 1988/89 fiscal year an action was commenced by physicians in the section of Emergency Medicine of the British Columbia Medical Association claiming damages, together with interest and costs, for payments allegedly withheld by the Commission. The amount of the damages is not stated in the Writ of Summons served on the Commission. It is the opinion of the Commission's management and its legal counsel that the physicians have no cause of action.

(b) The latest Memorandum of Agreement with the British Columbia Medical Association covered the term from April 1, 1986, to March 31, 1989. As at the date of these financial statements a new agreement had not yet been negotiated. The cost of a new agreement and whether it will be retroactive to April 1, 1989, cannot be determined at this time.

## 7. Medical Care Service Utilization Settlement

Under the terms of a memorandum of agreement for the period April 1, 1986 to March 31, 1989, between the Commission and the British Columbia Medical Association, the Commission may recover payments made for medical services considered to have arisen due to overutilization, or, may be required to make payment when underutilization has occurred. Any recovery or payment is recognized in the fiscal year when an agreement is reached between these parties.

A payment settlement of $7,503,085 relating to the 1986 to 1989 fiscal years, was agreed to in January 1990, and recorded in the 1989/90 medical care expenditures.

# APPENDIX

## TABLE 1: POLICY, PLANNING & LEGISLATION

Statistical Summary

| Categories | 1989/90 | 1988/89 | % Change |
|---|---|---|---|
| **Major Initiatives** | | | |
| Major Reports | 94 | 78 | 20.5 |
| Major Briefing Initiatives | 117 | 96 | 21.9 |
| **Legislation** | | | |
| Orders in Council | 88* | 117 | N/A |
| Acts Passed or Amended | 18 | 11 | 63.6 |

*Hospital Board appointments and temporary Medical Health Officer appointments no longer made by Cabinet; therefore, direct comparison is not appropriate.

## TABLE 2: LIVE BIRTHS, DEATHS, MARRIAGES AND STILLBIRTHS

British Columbia, 1980 - 1989

| Year | Mid-Year Population | Live Births | | Deaths | | Marriages | | Stillbirths | |
|---|---|---|---|---|---|---|---|---|---|
| | | Number | Rate | Number | Rate | Number | Rate | Number | Rate |
| 1980 | 2,640,100 | 40,104 | 15.2 | 19,371 | 7.3 | 23,830 | 9.0 | 316 | 7.8 |
| 1981 | 2,744,470 | 41,679 | 15.2 | 19,857 | 7.2 | 24,694 | 9.0 | 371 | 8.8 |
| 1982 | 2,787,700 | 42,942 | 15.4 | 20,704 | 7.4 | 23,831 | 8.5 | 317 | 7.3 |
| 1983 | 2,813,600 | 43,047 | 15.3 | 19,895 | 7.1 | 23,682 | 8.4 | 310 | 7.1 |
| 1984 | 2,847,700 | 44,040 | 15.5 | 20,781 | 7.3 | 23,394 | 8.2 | 303 | 6.8 |
| 1985 | 2,870,100 | 42,747 | 14.9 | 21,454 | 7.5 | 22,270 | 7.8 | 332 | 7.7 |
| 1986 | 2,889,295 | 41,812 | 14.5 | 21,251 | 7.4 | 21,819 | 7.6 | 302 | 7.2 |
| 1987 | 2,925,700 | 41,595 | 14.2 | 21,571 | 7.4 | 23,377 | 8.0 | 292 | 7.0 |
| 1988 | 2,984,000 | 42,732 | 14.3 | 22,285 | 7.5 | 24,469 | 8.2 | 287 | 6.9 |
| **1989** | **3,047,244** | **43,525** | **14.3** | **22,776** | **7.5** | **25,154** | **8.3** | **312** | **7.1** |

Rates shown are in crude rates per 1,000 population.

Stillbirth rates per 1,000 total births.

Population information from Statistics Canada.

## TABLE 3: LIVE BIRTHS BY AGE OF MOTHER AND KIND OF BIRTH

British Columbia, 1989

| Age of Mother | KIND OF BIRTH Single | Twin | Other | Total | % |
|---|---|---|---|---|---|
| 10-14 | 23 | 0 | 0 | 23 | 0.1 |
| 15-19 | 2,488 | 34 | 0 | 2,522 | 5.8 |
| 20-24 | 8,889 | 171 | 1 | 9,061 | 20.8 |
| 25-29 | 15,689 | 283 | 2 | 15,974 | 36.7 |
| 30-34 | 11,361 | 250 | 12 | 11,623 | 26.7 |
| 35-39 | 3,708 | 114 | 0 | 3,822 | 8.8 |
| 40-44 | 460 | 2 | 0 | 462 | 1.1 |
| 45+ | 14 | 0 | 0 | 14 | 0.0 |
| N.S. | 24 | 0 | 0 | 24 | 0.1 |
| TOTAL | 42,656 | 854 | 15 | 43,525 | 100.0 |

For multiple births including stillbirths, only live births are shown in this table.

N.S. - Not Stated.

Non-residents are excluded.

## TABLE 4: LIVE BIRTHS BY BIRTH WEIGHT AND GESTATIONAL AGE

British Columbia, 1989

| Birth Weight (in grams) | GESTATIONAL AGE (in weeks) 0-28 | 28-36 | 37-41 | 42+ | N.S. | Total |
|---|---|---|---|---|---|---|
| 0-1,499 | 190 | 190 | 10 | 0 | 0 | 390 |
| 1,500-2,499 | 3 | 1,139 | 729 | 7 | 0 | 1,878 |
| 2,500+ | 2 | 1,198 | 37,306 | 2,719 | 11 | 41,234 |
| N.S. | 4 | 2 | 13 | 1 | 3 | 23 |
| **Total** | **199** | **2,527** | **38,058** | **2,727** | **14** | **43,525** |

N.S. - Not Stated.

Non-residents are excluded.

## TABLE 5: TRENDS OF INFANT MORTALITY[1]

British Columbia, 1980-1989

| Year of Death | AGE AT DEATH | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 0-6 days[2] | | 7-27 days[3] | | 28-364 days[4] | | N.S. | Total | |
| | Number | Rate | Number | Rate | Number | Rate | Number | Number | Rate |
| 1980 | 188 | 4.7 | 235 | 5.9 | 186 | 4.6 | 0 | 421 | 10.5 |
| 1981 | 232 | 5.6 | 259 | 6.2 | 140 | 3.4 | 3 | 402 | 9.6 |
| 1982 | 217 | 5.1 | 251 | 5.8 | 150 | 3.5 | 0 | 401 | 9.3 |
| 1983 | 193 | 4.5 | 212 | 4.9 | 145 | 3.4 | 2 | 359 | 8.3 |
| 1984 | 184 | 4.2 | 295 | 4.6 | 150 | 3.4 | 1 | 356 | 8.1 |
| 1985 | 174 | 4.1 | 192 | 4.5 | 132 | 3.1 | 0 | 324 | 7.6 |
| 1986 | 166 | 4.0 | 196 | 4.6 | 143 | 3.4 | 0 | 339 | 8.1 |
| 1987 | 160 | 3.8 | 195 | 4.7 | 155 | 3.7 | 0 | 350 | 8.4 |
| 1988 | 191 | 4.5 | 221 | 5.1 | 133 | 3.1 | 0 | 354 | 8.3 |
| 1989 | 184 | 4.2 | 212 | 4.8 | 132 | 3.0 | 0 | 344 | 7.9 |

Rate per 1,000 live births in the specified year.

[1]Infant Mortality - Age at death less than one year.

[2]Early Neonatal Deaths - Age at death less than seven days.

[3]Neonatal Deaths - Age at death less than 28 days.

[4]Post Neonatal Deaths - Age at death 28 days to under one year.

N.S. - Not stated.

Non-residents are excluded.

## TABLE 6: TWELVE LEADING CAUSES OF DEATH

British Columbia, 1989

| CAUSE OF DEATH | Number | Per Cent | Rate |
|---|---|---|---|
| Diseases of Heart | 6,319 | 27.7 | 13.4 |
| Malignant Neoplasms | 6,181 | 27.1 | 14.0 |
| Cerebrovascular Disease | 1,795 | 7.9 | 3.7 |
| Accidents[1] | 1,199 | 5.3 | 3.4 |
| Pneumonia | 943 | 4.1 | 1.9 |
| Diseases of Arteries | 563 | 2.5 | 1.2 |
| Diabetes | 413 | 1.8 | 0.9 |
| Suicide | 412 | 1.8 | 1.2 |
| Chronic Liver Disease & Cirrhosis | 249 | 1.1 | 0.6 |
| Emphysema | 170 | 0.7 | 0.4 |
| Causes of Perinatal Mortality | 141 | 0.6 | 0.6 |
| AIDS Related | 136 | 0.6 | 0.4 |
| Other Causes | 4,272 | 18.8 | 11.8 |
| **Total** | **22,773** | **100.0** | **91.5** |

[1] Excludes suicide and homicide.

Rate - Age Standard Mortality Rates (ASMR) per 10,000 population using 1971 Canadian Census.

Cases with unknown age and unknown sex are excluded from the ASMR calculations.

Rank is based upon number of deaths.

Non-residents are excluded.

## TABLE 7: AGE STANDARDIZED MORTALITY RATES (ASMR) BY CAUSES OF DEATH

British Columbia, 1989

| | MALE | | FEMALE | | TOTAL | |
|---|---|---|---|---|---|---|
| **DISEASES** | **Number** | **Rate** | **Number** | **Rate** | **Number** | **Rate** |
| **All Causes** | 12,431 | 59.87 | 10,342 | 43.66 | 22,773 | 51.47 |
| **Infectious/Parasitic** | 201 | 1.03 | 69 | 0.30 | 270 | 0.66 |
| -AIDS/HIV Related | 131 | 0.70 | 5 | 0.03 | 136 | 0.36 |
| **Cancer** | 3,315 | 15.44 | 2,846 | 12.76 | 6,161 | 14.01 |
| -Lung | 1,061 | 4.97 | 585 | 2.67 | 1,646 | 3.79 |
| -Female Breast | 0 | 0 | 506 | 2.40 | 506 | 1.21 |
| -Colorectal | 314 | 1.43 | 288 | 1.24 | 602 | 1.33 |
| -Prostate | 417 | 1.81 | 0 | 0 | 417 | 0.86 |
| **Endocrine/Nut./Metabolic** | 251 | 1.18 | 293 | 1.24 | 544 | 1.21 |
| -Diabetes | 196 | 0.89 | 217 | 0.89 | 413 | 0.89 |
| **Circulatory** | 4,676 | 21.28 | 4,133 | 15.97 | 8,809 | 18.54 |
| -Coronary Heart | 2,858 | 13.05 | 2,103 | 8.12 | 4,961 | 10.51 |
| -Cerebrovascular/Stroke | 794 | 3.58 | 998 | 3.88 | 1,792 | 3.72 |
| -Arteries | 303 | 1.33 | 260 | 0.98 | 563 | 1.15 |
| **Respiratory** | 1,172 | 5.24 | 977 | 3.83 | 2,149 | 4.46 |
| -Pneumonia/Influenza | 443 | 2.02 | 554 | 2.12 | 997 | 2.05 |
| -Chronic Lung | 552 | 2.41 | 304 | 1.22 | 856 | 1.77 |
| -Asthma | 53 | 0.25 | 36 | 0.15 | 89 | 0.20 |
| **Digestive** | 419 | 2.01 | 400 | 1.66 | 819 | 1.83 |
| -Chronic Livr/Cirrhosis | 159 | 0.79 | 90 | 0.44 | 249 | 0.61 |
| **Congenital Anomalies** | 71 | 0.52 | 64 | 0.46 | 135 | 0.49 |
| **Perinatal** | 85 | 0.67 | 56 | 0.44 | 141 | 0.55 |
| **Accidents/Violence** | 1,164 | 7.01 | 511 | 2.71 | 1,675 | 4.85 |
| -Motor Veh. Tr. Acc. | 338 | 2.23 | 145 | 0.89 | 483 | 1.56 |
| -Poisoning | 46 | 0.24 | 22 | 0.12 | 68 | 0.18 |
| -Falls | 119 | 0.55 | 131 | 0.50 | 250 | 0.53 |
| -Suicide | 313 | 1.90 | 99 | 0.56 | 412 | 1.22 |
| **All Other Causes** | 1,077 | 5.50 | 993 | 4.30 | 2,070 | 4.88 |

Rate – Age Standard Mortality Rates (ASMR) per 10,000 population using 1971 Canadian Census.

Cases with age or sex unknown are excluded.

Non-residents are excluded.

# TABLE 8: TOTAL POTENTIAL YEARS OF LIFE LOST (TOTAL PYLL) BY CAUSES OF DEATH

British Columbia, 1989

| | MALE | | | FEMALE | | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|
| DISEASES | Number PYLL | Total PYLL | Per Cent | Number PYLL | Total PYLL | Per Cent | Number PYLL | Total PYLL | Per Cent |
| **All Causes** | 6,912 | 130,236 | 100.0 | 4,119 | 69,157 | 100.0 | 11,031 | 199,393 | 100.0 |
| **Infectious/Parasitic** | 169 | 5,382 | 4.1 | 27 | 619 | 0.9 | 196 | 6,001 | 3.0 |
| -AIDS/HIV Related | 131 | 4,588 | 3.5 | 5 | 240 | 0.3 | 136 | 4,827 | 2.4 |
| **Cancer** | 2,049 | 24,191 | 18.6 | 1,754 | 23,153 | 33.5 | 3,803 | 47,344 | 23.7 |
| -Lung | 742 | 8,020 | 6.2 | 417 | 4,693 | 6.8 | 1,159 | 12,713 | 6.4 |
| -Female Breast | 0 | 0 | 0 | 368 | 5,665 | 8.2 | 368 | 5,665 | 2.8 |
| -Colorectal | 185 | 1,848 | 1.4 | 149 | 1,583 | 2.3 | 334 | 3,430 | 1.7 |
| -Prostate | 146 | 900 | 0.8 | 0 | 0 | 0 | 146 | 900 | 0.5 |
| **Endocrine/Nut./Metabolic** | 128 | 2,045 | 1.6 | 122 | 1,733 | 2.5 | 250 | 3,778 | 1.9 |
| -Diabetes | 92 | 1,060 | 0.8 | 91 | 943 | 1.4 | 183 | 2,003 | 1.0 |
| **Circulatory** | 2,147 | 23,240 | 17.8 | 961 | 8,932 | 12.9 | 3,108 | 32,171 | 16.1 |
| -Coronary Heart | 1,417 | 14,958 | 11.5 | 528 | 4,115 | 6.0 | 1,945 | 19,073 | 9.6 |
| -Cerebrovascular/Stroke | 279 | 3,168 | 2.4 | 225 | 2,563 | 3.7 | 504 | 5,730 | 2.9 |
| -Arteries | 113 | 873 | 0.7 | 49 | 373 | 0.5 | 162 | 1,245 | 0.6 |
| **Respiratory** | 371 | 3,860 | 3.0 | 244 | 3,227 | 4.7 | 615 | 7,087 | 3.6 |
| -Pneumonia/Influenza | 117 | 1,601 | 1.2 | 81 | 1,673 | 2.4 | 198 | 3,274 | 1.6 |
| -Chronic Lung | 192 | 1,390 | 1.1 | 121 | 843 | 1.2 | 313 | 2,232 | 1.1 |
| -Asthma | 26 | 415 | 0.3 | 16 | 290 | 0.4 | 42 | 705 | 0.4 |
| **Digestive** | 251 | 3,764 | 2.9 | 156 | 2,082 | 3.0 | 407 | 5,846 | 2.9 |
| -Chronic Livr/Cirrhosis | 135 | 2,118 | 1.6 | 75 | 1,148 | 1.7 | 210 | 3,265 | 1.6 |
| **Congenital Anomalies** | 67 | 4,375 | 3.4 | 61 | 3,814 | 5.5 | 128 | 8,189 | 4.1 |
| **Perinatal** | 85 | 6,333 | 4.9 | 56 | 4,172 | 6.0 | 141 | 10,505 | 5.3 |
| **Accidents/Violence** | 1,025 | 39,266 | 30.1 | 345 | 12,408 | 17.9 | 1,370 | 51,674 | 25.9 |
| -Motor Veh. Tr. A. | 321 | 13,887 | 10.7 | 130 | 5,092 | 7.4 | 451 | 18,979 | 9.5 |
| -Poisoning | 45 | 1,393 | 1.1 | 22 | 650 | 0.9 | 67 | 2,043 | 1.0 |
| -Falls | 39 | 738 | 0.6 | 18 | 445 | 0.6 | 57 | 1,183 | 0.6 |
| -Suicide | 300 | 11,195 | 8.6 | 86 | 2,820 | 4.1 | 386 | 14,015 | 7.0 |
| **All Other Causes** | 620 | 17,782 | 13.7 | 393 | 9,018 | 13.0 | 1,013 | 26,800 | 13.4 |

PYLL - The number of years of life lost when a person dies before the age of 75 years assuming each individual's potential life of 75 years.

Non-residents are excluded.

## TABLE 9: MARRIAGES BY MARITAL STATUS OF BRIDE AND GROOM

British Columbia, 1989

| Marital Status of Bride | Marital Status of Groom | | | | |
|---|---|---|---|---|---|
| | Single | Widowed | Divorced | N.S. | Total |
| Single | 14,895 | 101 | 2,743 | 0 | 17,739 |
| Widowed | 125 | 362 | 376 | 0 | 863 |
| Divorced | 2,500 | 377 | 3,671 | 0 | 6,548 |
| N.S. | 2 | 0 | 2 | | |
| Total | 17,522 | 840 | 6,792 | 0 | 25,154 |

N.S. - Not Stated.

## TABLE 10: MEDICAL SERVICES COMMISSION SUMMARY OF EXPENDITURES

For year ending March 31, 1990*

| Year | Medical Fee-For-Service | Salaried & Sessional | Supplementary Benefits | Administration | Total |
|---|---|---|---|---|---|
| 79/80 | $ 384,735,825 | $ 23,200,389 | $ 23,534,808 | $ 19,883,088 | $ 451,354,110 |
| 80/81 | 445,734,331 | 28,368,006 | 28,567,705 | 21,435,615 | 524,105,657 |
| 81/82 | 562,663,997 | 35,113,464 | 34,868,280 | 23,661,014 | 656,306,755 |
| 82/83 | 671,614,777 | 36,376,585 | 44,791,468 | 22,086,006 | 774,868,836 |
| 83/84 | 753,796,110 | 41,462,052 | 48,927,947 | 20,556,814 | 864,742,923 |
| 84/85 | 771,013,078 | 41,918,756 | 53,057,847 | 25,378,115 | 891,367,796 |
| 85/86 | 787,991,552 | 42,944,957 | 57,451,700 | 27,961,373 | 916,349,582 |
| 86/87 | 850,845,748 | 46,651,831 | 65,409,057 | 23,904,697 | 986,811,333 |
| 87/88 | 892,747,547 | 49,414,596 | 59,627,228 | 24,364,675 | 1,026,154,046 |
| 88/89 | 961,724,644 | 49,652,626 | 57,061,103 | 26,675,093 | 1,095,113,466 |
| 89/90 | 1,018,518,898 | 54,932,116 | 67,078,897 | 31,408,673 | 1,171,938,584 |

*Based on accrual accounting and therefore matches the audited year-end financial statements.

Medical Services Commission expenditures do not include expenses of the Dental Care Plan 1980/81 to 1983/84.

## TABLE 11: FEE-FOR-SERVICE PAYMENTS BY SPECIALTY

For year ending March 31, 1990

| Specialty | Number of Practitioners[1] | Total Payments[2] | % of Total Payments | % Change from 88/89 | Cost Per Person[3] | % Change from 88/89 |
|---|---|---|---|---|---|---|
| 00 General Practice | 3,513 | $421,094,749 | 39.33 | 6.4 | $137.37 | 4.3 |
| 17 Pathology | 84 | 120,254,116 | 11.23 | 7.7 | 39.23 | 5.6 |
| 16 Radiology | 222 | 78,902,940 | 7.37 | 5.9 | 25.74 | 3.8 |
| 15 Internal Medicine | 437 | 75,777,718 | 7.08 | 8.4 | 24.72 | 6.2 |
| 06 Opthalmoloy | 171 | 40,934,111 | 3.82 | 8.9 | 13.35 | 6.8 |
| 08 General Surgery | 224 | 39,428,592 | 3.68 | 1.6 | 12.86 | (0.4) |
| 18 Anaesthesia | 292 | 37,728,178 | 3.52 | 5.5 | 12.31 | 3.4 |
| 03 Psychiatry | 331 | 30,563,544 | 2.86 | 6.8 | 9.97 | 4.7 |
| 05 Obstetrics/Gynaecology | 160 | 30,208,794 | 2.82 | 4.8 | 9.85 | 2.7 |
| 10 Orthopaedic Surgery | 135 | 23,698,220 | 2.21 | 2.4 | 7.73 | 0.3 |
| 14 Paediatrics | 160 | 18,878,001 | 1.76 | 7.4 | 6.16 | 5.3 |
| 13 Urology | 69 | 15,811,178 | 1.48 | 0.1 | 5.16 | (1.9) |
| 07 Ear, Nose & Throat | 79 | 14,742,122 | 1.38 | 6.8 | 4.81 | 4.7 |
| 01 Dermatology | 55 | 11,584,494 | 1.08 | 7.6 | 3.78 | 5.5 |
| 02 Neurology | 56 | 9,840,813 | 0.92 | 9.3 | 3.21 | 7.1 |
| 12 Thoracic Surgery | 49 | 9,475,206 | 0.91 | 4.3 | 3.09 | 2.3 |
| 11 Plastic Surgery | 46 | 7,654,060 | 0.72 | 12.2 | 2.50 | 10.0 |
| 33 Nuclear Medicine | 6 | 6,166,405 | 0.58 | 85.1 | 2.01 | 81.5 |
| 09 Neurosurgery | 25 | 5,056,011 | 0.47 | 13.4 | 1.65 | 11.2 |
| 29 Microbiology | 9 | 3,966,316 | 0.37 | 54.2 | 1.29 | 51.1 |
| 20 Physical Medicine | 26 | 2,258,401 | 0.21 | 2.0 | 0.74 | (0.1) |
| 19 Paediatric Cardiology | 3 | 488,440 | 0.05 | 12.2 | 0.16 | 9.9 |
| 21 Public Health | 4 | 186,920 | 0.02 | 54.7 | 0.06 | 51.6 |
| 34 Osteopathy | 3 | 122,549 | 0.01 | (16.0) | 0.04 | (17.6) |
| 04 Neuropsychiatry | 1 | 99,140 | 0.01 | 11.8 | 0.03 | 9.6 |
| 28 Casualty Officer | 2 | 38,743 | 0.00 | 100.0 | 0.01 | 100.0 |
| Misc. and Recoveries | | (18,328,006) | (1.71) | 34.1 | 5.97 | 31.2 |
| **Sub Total (MDs Only):** | **6,162** | **986,631,755** | **92.18** | **6.4** | **321.85** | **4.7** |

| Specialty | Number of Practitioners[1] | Total Payments[2] | % of Total Payments | % Change from 88/89 | Cost Per Person[3] | % Change from 88/89 |
|---|---|---|---|---|---|---|
| 37 Oral Surgery | 25 | 3,372,914 | 0.31 | 4.0 | 1.10 | 1.9 |
| 40 Dental Surgery | 212 | 1,365,220 | 0.13 | (7.0) | 0.45 | (8.8) |
| **Sub Total (Dental Only):** | **237** | **4,738,134** | **0.44** | **0.5** | **1.55** | **(1.3)** |
| 99 Out of Province (OOP) | | 11,260,966 | 1.05 | 3.9 | 3.67 | 1.9 |
| **Sub Total Medical:** | **6,399** | **1,002,630,855** | **93.67** | **6.3** | **327.07** | **4.2** |
| 30 Chiropractic | 423 | 25,681,825 | 2.40 | 21.4 | 8.38 | 19.1 |
| 39 Optometry | 231 | 19,233,457 | 1.80 | 15.8 | 6.27 | 13.6 |
| 32 Physiotherapy | 603 | 12,293,034 | 1.15 | 17.2 | 4.01 | 14.9 |
| 38 Podiatry | 56 | 6,146,716 | 0.57 | 19.5 | 2.01 | 17.1 |
| 43 Massage Therapy | 445 | 2,740,599 | 0.26 | 19.8 | 0.89 | 17.5 |
| 31 Naturopathic | 64 | 1,533,067 | 0.14 | 24.5 | 0.50 | 22.0 |
| 42 Orthodontic | 59 | 248,581 | 0.02 | 4.1 | 0.08 | 2.1 |
| Misc. and Recoveries | | (98,382) | (0.01) | N/A | (0.03) | N/A |
| **Sub Total Supplementary Benefit** | 1,881 | 67,778,897 | 6.33 | 18.8 | 22.11 | 16.4 |
| **TOTAL BENEFITS** | 8,280 | $1,070,409,752 | 100.00 | 7.1 | $349.18 | 4.9 |

[1] Includes all practitioners receiving at least one payment in 1989/90.

[2] ICBC recoveries have been deducted from total payments.

[3] Based on population of October 1, as derived from Statistics Canada data (October 1, 1988 = 3,004,800: October 1, 1989 = 3,065,500)

## TABLE 12: FEE-FOR-SERVICE MEDICAL PAYMENTS BY TYPE OF SERVICE

For year ending March 31, 1990

| | NUMBER OF SERVICES | | AMOUNT PAID | |
|---|---|---|---|---|
| TYPE OF SERVICE | 1989/90 | %Change from 1988/89 | 1989/90 | %Change from 1988/89 |
| **GENERAL PRACTICE VISITS** | | | | |
| Regional Examinations | $ 11,622,418 | 6.1 | $246,261,188 | 6.6 |
| Consultation | 47,544 | 11.9 | 2,215,983 | 12.6 |
| Complete Examination | 824,840 | 4.9 | 38,301,448 | 5.5 |
| Counselling | 492,988 | 10.4 | 16,833,917 | 10.3 |
| Home Visits | 130,581 | 1.9 | 5,263,968 | 2.3 |
| Emergency Visits | 674,541 | 9.1 | 22,529,307 | 8.7 |
| Institutional Visits | 1,558,184 | 0.9 | 27,999,811 | 1.8 |
| Miscellaneous | 3,253 | 2.6 | 119,388 | 6.4 |
| Visit Premiums (1) | | | 15,709,194 | 5.2 |
| **Sub Total:** | **$ 15,354,349** | **5.7** | **$375,234,204** | **6.3** |
| **SPECIALIST VISITS** | | | | |
| Consultation | 1,419,145 | 4.9 | $107,697,776 | 5.0 |
| Subsequent Visits | 875,936 | 5.7 | 19,234,857 | 6.5 |
| Counselling: Psychotherapy | 381,585 | 16.2 | 25,366,897 | 7.1 |
| Home Visits | 1,167 | 17.5 | 41,568 | 16.8 |
| Emergency Visits | 44,305 | 7.8 | 2,841,239 | 8.4 |
| Institutional Visits | 894,637 | 8.7 | 17,309,729 | 9.6 |
| Miscellaneous | 12,443 | (4.1) | 557,144 | 0.0 |
| **Sub Total:** | **$ 3,629,218** | **7.1** | **$173,049,210** | **5.9** |
| **PROCEDURES AND OTHER SERVICES** | | | | |
| Anaesthesia (2) | $ 3,087,373 | 3.0 | $37,427,737 | 2.7 |
| Cardiovascular Surgery | 7,952 | (0.6) | 3,646,109 | (0.8) |
| Obstetrics | 560,274 | 7.6 | 26,630,748 | 8.9 |
| Surgery | 631,065 | 5.3 | 89,988,263 | 5.3 |
| Minor Surgery | 602,193 | 7.6 | 15,140,497 | 6.6 |
| Unlisted Misc. Surgery | 2,696 | (5.5) | 436,622 | (18.6) |

| TYPE OF SERVICE | NUMBER OF SERVICES 1989/90 | %Change from 1988/89 | AMOUNT PAID 1989/90 | %Change from 1988/89 |
|---|---|---|---|---|
| Dialysis/Transfusions | 63,872 | 8.2 | 3,031,422 | 10.2 |
| General Services | 657,240 | (0.2) | 7,634,558 | 1.8 |
| Therapeutic Radiation | 9,445 | 9.0 | 286,903 | 17.8 |
| Procedural Premiums (1) | | | 3,565,554 | 17.4 |
| **Sub Total:** | **$ 5,622,110** | **3.8** | **$187,788,413** | **5.3** |
| **DIAGNOSTIC PROCEDURES** | | | | |
| Diagnostic Radiology | $ 1,675,267 | 5.7 | $57,059,065 | 5.7 |
| Diagnostic Ultrasound | 293,996 | 12.1 | 22,405,924 | 11.8 |
| Nuclear Medicine | 60,842 | 29.9 | 8,344,279 | 28.1 |
| Pathology (Category 1) | 3,237,832 | (8.3) | 11,466,855 | (27.5) |
| Pathology (beyond Category 1) | 8,594,565 | 13.1 | 124,145,488 | 13.7 |
| Pulmonary Function | 116,062 | 16.1 | 1,689,384 | 14.3 |
| Electrodiagnosis(ECG, EEG, EMG) | 791,813 | 7.3 | 14,908,329 | 9.9 |
| Procedural Cardiology | 50,641 | 8.0 | 3,919,181 | 6.2 |
| Other (needle biopsies, OX99, etc) | 1,260,504 | 6.7 | 31,891,679 | 5.2 |
| **Sub Total:** | **$ 16,081,522** | **6.6** | **$275,830,184** | **8.3** |
| **Miscellaneous (Recoveries)** | **0.0** | **0.0** | **($9,271,156)** | **41.9** |
| **TOTAL MEDICAL** | **$ 40,687,199** | **5.9** | **$1,002,630,855** | **6.3** |

(1) These are not separate services and are not included in totals. Number of visit premiums = 562,988; procedural premiums = 43,350.

(2) Anaethesia services are measured in units of time. A single procedure may require multiple anaethesia units or services.

NOTE: Includes physician, dental and oral surgery, and services to out-of-province patients only.

This detail based on cash accounting.

## TABLE 13: PHARMACARE EXPENDITURES BY PROGRAM

1989/1990*

| | |
|---|---|
| Plan A - Seniors | 119,492,301 |
| Copayment Reimbursement | 2,256,657 |
| Total Plan A | 121,748,358 |
| Plan B - LTC Facilities | 17,643,789 |
| Plan C - Social Assistance | 36,996,868 |
| Plan E - Universal | 30,091,034 |
| Plan F - Special Children | 40,156 |
| Home Oxygen | 5,586,068 |
| **Total Programs** | **212,106,273** |
| Pharmacare Administration | 2,812,848 |
| **Total Pharmacare** | **214,919,121** |

*Figures shown do not balance by plan to FMR due to adjustments based on the distribution of the Clearing Account between plans.

## TABLE 14: FAMILY HEALTH DIVISION

Program Delivery Statistics, 1988/89 and 1989/90

| | 1989/90 | 1988/89 |
|---|---|---|
| **Nutrition-General Community Services:*** | | |
| General Public Consultations | 15,780 | 1,008 |
| Media Presentations | 1,429 | 338 |
| Professional Consultations | 12,996 | 2,678 |
| **Nutritional Care in Facilities** | | |
| Consultations | 1,520 | 1,520 |
| Presentations | 84 | 70 |
| Assessments | 120 | 86 |
| **Dental Health Inspection/Referral/Education** | | |
| Student Services | 129,150 | 123,099 |
| Pre-school/Day Care Services | 14,242 | 13,564 |
| Specialized/General Services for Elderly | 9,106 | 8,673 |
| Teacher/Parent Education and Counselling | 3,907 | 3,721 |
| General Community (adult) Services | 2,012 | 1,917 |
| **Speech and Hearing** | | |
| Persons Served | 125,756 | 124,975 |
| Speech/Language Clients Receiving Remediation | 1,480 | 1,419 |
| Infants Prevented from Developing Communication Problems | 124 | 131 |
| Kindergarten and Grade 1 Children Prevented from Developing Communication Disorders | 1,897 | 2,006 |
| **Public Health Nursing** | | |
| **Immunization at the end of Grade 1** | | |
| Diptheria/Pertussis/Tetanus | 93% | 95% |
| Polio | 94% | 95% |
| Measles/Mumps/Rubella | 95% | 98% |
| **Immunization of Two Year Olds** | | |
| Diptheria/Pertussis/Tetanus | 72% | 72% |
| Polio | 74% | 73% |
| Measles/Mumps/Rubella | 89% | 83% |
| **Family Health Services** | | |
| Parents of new infants visited | 26,722** | 26,475** |

* There was a significant increase in nutrition staff in 1989/90 which in part, reflects the increase in numbers.

** Total only includes Provincial Health Units and Capital Regional District Community Health Services.

## TABLE 15: ENVIRONMENTAL HEALTH PROTECTION

Program Delivery Statistic

| | 1989/90 | 1988/89 |
|---|---|---|
| **Community Care Facilities** | | |
| Child Care Facilities | 3,085 | 2,784 |
| Total Capacity | 42,706 | 39,543 |
| Total Enrollment | 59,106 | 53,622 |
| Adult Care Facilities | 825 | 810 |
| Total Capacity | 22,895 | 23,003 |
| **Public Health Protection Inspections** | | |
| Food Service Facilities | 15,898 | 17,233 |
| Community Care in Support of Licensing | 1,673 | 1,759 |
| Drinking Water Systems | 1,808 | 1,616 |
| Recreation Facilities | 3,236 | 2,922 |
| Other Public Facilities | 976 | 827 |
| **Plans Reviewed** | | |
| Food Service Facilities | 1,956 | 1,849 |
| Community Care in Support of Licensing | 508 | 403 |
| Drinking Water Systems | 136 | 121 |
| Recreation Facilities | 80 | 79 |
| Other Public Facilities | 102 | 65 |
| **On-Site Sewage Disposal Inspections** | | |
| Building Lots | 17,292 | 11,403 |
| Subdivisions | 2,993 | 2,952 |
| **Samples Collected** | | |
| Drinking Water | 22,140 | 19,695 |
| Recreational Water | 2,267 | 2,411 |
| Beaches | 1,927 | 1,549 |
| Food | 356 | 371 |
| Other | 1,147 | 760 |
| **Complaint Investigation** | | |
| Sewage | 3,754 | 3,050 |
| Garbage | 1,132 | 953 |
| Food | 2,143 | 1,882 |
| Other | 5,242 | 4,201 |
| **Public Education Events** | 1,822 | 1,415 |
| **Disease Investigations** | 4,375 | 4,925 |

# TABLE 16: FORENSIC PSYCHIATRIC SERVICES

## Utilization Statistics

| | 1989/90 | 1988/89 |
|---|---|---|
| **Adolescent Services** | | |
| Maples Adolescent Treatment Centre | | |
| Residential Admissions | 126 | 91 |
| Discharges | 183 | 84 |
| Number receiving treatment during year | 281 | 143 |
| Juvenile Services to the Courts | | |
| In-patient Assessment Unit | | |
| Persons assessed | 282 | 280 |
| Burnaby Clinic | | |
| Persons assessed | 287 | 382 |
| Persons treated | 126 | 303 |
| Victoria Clinic | | |
| Persons assessed | 221 | 156 |
| Persons treated | 173 | 325 |
| **Adult Services** | | |
| Forensic Psychiatric Institute | | |
| Admissions | 341 | 352 |
| Discharges | 346 | 348 |
| Average population | N/A | 137 |
| Total patient days | N/A | 50,057 |
| Vancouver Clinic | | |
| Referrals | 904 | 745 |
| Closures | 1,016 | 451 |

# TABLE 17: MENTAL HEALTH SERVICES

## Utilization Statistics

| | 1989/90 | 1988/89 |
|---|---|---|
| **Mental Health Centres (Including Burnaby)** | | |
| Day Program | | |
| Admissions | 15,385 | 15,262 |
| Separations | 13,643 | 16,669 |
| Total caseloads | 26,725 | 28,768 |
| **Riverview Hospital** | | |
| Admissions | 990 | 895 |
| Separations | 962 | 988 |
| Bed days | 355,621 | 364,743 |
| Average occupancy per day | 961 | 999 |
| **Burnaby Psychiatric Services** | | |
| Inpatient | | |
| Bed days | 7,100 | 7,886 |
| Total inpatient caseload | 291 | 285 |
| **Greater Vancouver Mental Health Service Society** | | |
| Outpatient (Community Care Teams) | | |
| Intake | 4,687 | 5,099 |
| Admissions | 2,511 | 2,734 |
| Separations | 2,470 | 2,602 |
| Average caseload | 3,562 | 3,540 |
| Inpatient | | |
| Admissions | 489 | 471 |
| Separations | 491 | 473 |
| Bed days | 3,072 | 3,068 |
| **Community Residential Care** | | |
| Beds occupied per day (Average) | 1,974 | 1,959 |

# TABLE 18: B.C. CENTRE FOR DISEASE CONTROL

Program Delivery Statistics

| | 1989/90 | 1990/91 |
|---|---|---|
| **Provincial Laboratory** | | |
| Laboratory tests | 1,024,154 | 994,005 |
| Workload units | 9,263,161 | 8,594,884 |
| **STD Control** | | |
| Patient visits - STD Clinic | 10,078 | 10,071 |
| Patient visits - AIDS Clinic | 3,313 | 2,858 |
| Patient visits - Street Program | 11,629 | 14,382 |
| **TB Control** | | |
| Number with active TB notified | 300 | 383 |
| Active TB starting drug treatment | 256 | 284 |
| Number on preventive drug treatment | 609 | 648 |
| Patient visits | 45,982 | 43,804 |
| **Kidney Dialysis/Medical Supplies** | | |
| Patients enrolled | 1,414 | 1,229 |
| Home Nursing visits | 314 | 386 |
| Dialysis treatments Willow D.unit | 3,304 | 3,024 |
| Limited care dialysis patients | 40 | 43 |
| HEN/HPN nutrition patients | 91 | 148 |
| **Government Medical Services** | | |
| Employee visits to physicians | 3,022 | 3,308 |
| Employee visits to nurses | 14,164 | 9,257 |
| **Radiation Protection** | | |
| Radiation surveys and follow-ups | 927 | 883 |
| Consultations and visits | 3,406 | 2,360 |
| Lectures and talks | 63 | 81 |

## TABLE 19: REPORTED CASES OF COMMUNICABLE DISEASES

British Columbia 1985 to 1989

| DISEASE | 1989 | 1988 | 1987 | 1986 | 1985 |
|---|---|---|---|---|---|
| AIDS | 213 | 176 | 126 | 106 | 57 |
| Amebiasis | 416 | 427 | 359 | 403 | 385 |
| Blastocystis Hominus | 296 | 276 | 206 | 0 | 0 |
| Campylobacteriosis | 1,343 | 1,982 | 1,726 | 1,881 | 1,318 |
| Chickenpox | 1,228 | 696 | 327 | 0 | 0 |
| Cholera | 2 | 1 | 0 | 0 | 0 |
| Cryptosporidiosis | 23 | 58 | 41 | 0 | 0 |
| Diphtheria | 1 | 1 | 2 | 1 | 1 |
| E. Coli Enterocolitis | 671 | 581 | 468 | 0 | 0 |
| Giardiasis | 1,468 | 1,655 | 1,637 | 2,052 | 1,219 |
| Gonococcal Infection | 1,225 | 2,135 | 2,920 | 3,570 | 4,922 |
| Hemophilus Influ-B. | 21 | 77 | 44 | 54 | 0 |
| Hemophilus Meningitis | 40 | 35 | 38 | 0 | 0 |
| Hepatitis A | 568 | 557 | 161 | 159 | 239 |
| Hepatitis B | 752 | 626 | 588 | 378 | 388 |
| Hepatitis Oth & NS | 16 | 24 | 41 | 111 | 74 |
| Kawasaki Syndrome | 2 | 1 | 8 | 0 | 0 |
| Legionellosis | 1 | 1 | 4 | 1 | 0 |
| Leprosy - Hansen D. | 0 | 2 | 0 | 0 | 1 |
| Malari a | 34 | 36 | 135 | 109 | 61 |
| Measles - Rubella (Red) | 123 | 131 | 115 | 7,148 | 1,757 |
| Meningitis A Bacterial | 32 | 46 | 33 | 5 | 72 |
| Meningitis - Other | 6 | 6 | 5 | 17 | 33 |
| Meningitis B Viral | 41 | 33 | 56 | 35 | 29 |
| Meningococcal Infection | 21 | 15 | 32 | 36 | 31 |
| Mumps | 63 | 84 | 67 | 78 | 56 |
| Paratyphoi d | 0 | 1 | 2 | 3 | 1 |
| Pertussi s | 140 | 81 | 63 | 95 | 89 |
| Rotavirus | 60 | 71 | 33 | 0 | 0 |
| Rubella (German Measles) | 542 | 82 | 95 | 374 | 908 |
| Salmonel losi s (ALL) | 852 | 1,376 | 1,305 | 979 | 666 |
| Scarlet Fever | 58 | 24 | 26 | 0 | 0 |
| Shigellosis | 193 | 333 | 137 | 120 | 125 |
| Streptococcal Throat | 240 | 68 | 29 | 0 | 0 |
| Syphilis, Prim/Sec | 25 | 68 | 57 | 87 | 156 |
| Syphilis, Other | 82 | 132 | 154 | 120 | 155 |
| Tetanus | 1 | 1 | 1 | 3 | 2 |
| Typhoid | 5 | 2 | 3 | 7 | 5 |
| Yersiniosis | 697 | 732 | 549 | 0 | 0 |

0 - no data available.

## TABLE 20: HOSPITAL PATIENT SEPARATIONS

During the Year by Type of Health Care

| | 1989/90 | 1988/89 * | 1987/88 | 1986/87 | 1985/86 | 1984/85 |
|---|---|---|---|---|---|---|
| **Cases Separated** | | | | | | |
| Acute/rehab | 417,361 | 435,280 | 434,790 | 429,643 | 418,266 | 423,509 |
| Long term care | 3,968 | 3,878 | 3,725 | 3,299 | 3,127 | 3,279 |
| Extended care | 6,538 | 6,376 | 6,366 | 5,390 | 5,399 | 5,075 |
| Newborn | 45,340 | 42,894 | 43,710* | 43,701 | 44,683 | 45,048 |
| **Days on Separation** | | | | | | |
| Acute/rehab | 3,030,457 | 3,242,707 | 3,230,005 | 3,251,656 | 3,221,549 | 3,270,706 |
| Long term care | 232,679 | 233,568 | 245,055 | 231,136 | 204,241 | 206,084 |
| Extended care | 2,521,702 | 2,465,641 | 2,668,455 | 2,171,702 | 2,208,660 | 2,127,528 |
| Newborn | 188,647 | 176,437 | 207,019 | 211,266 | 216,782 | 211,532 |
| **Average length of stay (in days)** | | | | | | |
| Acute/rehab | 7.3 | 7.4 | 7.4 | 7.6 | 7.7 | 7.7 |
| Long term care | 58.6 | 60.2 | 65.8 | 70.1 | 65.3 | 62.8 |
| Extended care | 385.7 | 386.7 | 419.2 | 402.9 | 409.1 | 419.2 |
| Newborn | 4.2 | 4.1 | 4.7* | 4.8 | 4.9 | 4.7* |

* Restated figures

# TABLE 21: PATIENT SEPARATIONS FROM HOSPITALS AND AVERAGE LENGTH OF STAY

(Grouped according to total approved bed capacity) 1989/1990

| | Total | 250 Beds and over | 100 to 249 | 50 to 99 | 25 to 49 | Under 25 |
|---|---|---|---|---|---|---|
| **Cases Separated** | | | | | | |
| Acute/rehab | 417,361 | 278,275 | 82,730 | 26,734 | 22,427 | 7,195 |
| LTC in acute | 3,968 | 3,138 | 446 | 206 | 147 | 31 |
| Extended care | 6,538 | 4,271 | 1,496 | 579 | 164 | 28 |
| Newborn | 45,340 | 27,590 | 12,813 | 2,479 | 1,992 | 466 |
| **Days on Separation** | | | | | | |
| Acute/rehab | 3,030,457 | 2,119,416 | 605,872 | 161,583 | 113,094 | 30,492 |
| LTC in acute | 232,679 | 165,242 | 33,528 | 15,118 | 16,444 | 2,347 |
| Extended care | 2,521,702 | 1,689,952 | 575,040 | 177,463 | 64,872 | 14,375 |
| Newborn | 188,647 | 122,657 | 46,796 | 10,334 | 7,356 | 1,504 |
| **Average Length of Stay (in days)** | | | | | | |
| Acute/rehab | 7.3 | 7.6 | 7.3 | 6.0 | 5.0 | 4.2 |
| LTC in acute | 58.6 | 52.7 | 75.2 | 73.4 | 111.9 | 75.7 |
| Extended care | 385.7 | 395.7 | 384.4 | 306.5 | 395.6 | 513.4 |
| Newborn | 4.2 | 4.4 | 3.7 | 4.2 | 3.7 | 3.2 |

## TABLE 22: PERCENTAGE DISTRIBUTION OF PATIENT SEPARATIONS AND PATIENT DAYS

(Grouped according to total approved bed capacity) 1989/1990

| | 250 Beds and over | 100 to 249 | 50 to 99 | 25 to 49 | Under 25 |
|---|---|---|---|---|---|
| **Patient Separations** | | | | | |
| Acute/rehab | 66.7% | 19.8% | 6.4% | 5.4% | 1.7% |
| Acute/Rehab/LTC in acute | 79.1% | 11.2% | 5.2% | 3.7% | 0.8% |
| Extended care | 65.3% | 22.9% | 8.9% | 2.5% | 0.4% |
| Newborn | 60.9% | 28.3% | 5.5% | 4.4% | 1.0% |
| **Patient Days** | | | | | |
| Acute/rehab | 69.9% | 20.0% | 5.3% | 3.7% | 1.0% |
| Acute/Rehab/LTC in acute | 71.0% | 14.4% | 6.5% | 7.1% | 1.0% |
| Extended care | 67.0% | 22.8% | 7.0% | 2.6% | 0.6% |
| Newborn | 65.0% | 24.8% | 5.5% | 3.9% | 0.8% |

## TABLE 23: HEALTH INFORMATION

Management System Outpatient Treatment (Visits) 1989/1990

| Treatment Description | |
|---|---|
| Physiotherapy | 635,336 |
| Occupational Therapy | 98,580 |
| Speech/Language Therapy | 23,260 |
| Surgical Services - O.R. Procedures | 136,538 |
| Surgical Services - Non O.R. Procedures | 122,092 |
| Emergency Visits | 1,497,568 |
| Psychiatric Day Care | 67,021 |
| Diabetic Day Care | 27,551 |
| Renal Dialysis | 46,662 |
| Psychiatric Outpatient | 54,605 |
| Dietetic Counselling | 70,053 |
| Laboratory Tests | 7,030,831 |
| Radiology Visits | 93,617 |
| General & Special Clinics | 639,729 |
| Other Therapy/Service | 32,750 |
| ECG/EEG/ENG/EMG/Other Electro Diagnostics | 295,298 |
| Medical Imaging | 1,558,897 |
| Radiotherapy | 93,617 |
| Respiratory Therapy | 105,020 |
| Total Visits | 12,629,025 |

Table not comparable to previous years due to change in reporting requirements.

## TABLE 24: SUMMARY OF HOSPITAL PROGRAMS

Inpatient and Outpatient Contacts

| | Total Admissions Acute/Rehabilitation and Extended Care | Estimated Number of Emergency Day Care and Outpatient Visits | Total Receiving Benefits |
|---|---|---|---|
| 1982/83 | 417,228 | 3,833,276 | 4,250,504 |
| 1983/84 | 427,555 | 4,069,552 | 4,497,107 |
| 1984/85 | 432,482 | 4,256,859 | 4,689,341 |
| 1985/86 | 426,335 | 4,323,520 | 4,749,855 |
| 1986/87 | 439,732 | 4,620,562 | 5,060,294 |
| 1987/88 | 444,716 | 4,861,010 | 5,305,726 |
| 1988/89 | 443,557 | 5,180,669 | 5,624,226 |
| 1989/90* | 466,674 | 12,629,025 | 13,095,699 |

*Information on the estimated number of Emergency Day Care and Outpatient Visits is not comparable to prior years due to change in reporting requirments. Specifically, Outpatient Visits now include Laboratory Visits.

## TABLE 25: A COMPARISON OF THE AGE BREAKDOWN [1] OF CLIENTS RECEIVING RESIDENTIAL CARE AND COMMUNITY/HOME SUPPORT SERVICES

1989/1990

| TYPE OF SERVICE | Age Category Years 0-19 | 20-54 | 55-64 | 65-74 | 75-84 | 85+ | TOTAL |
|---|---|---|---|---|---|---|---|
| **Residential Long Term Care** | 15<br>.07% | 596<br>2.65% | 890<br>3. 95% | 3,198<br>14.21% | 8,485<br>37.69% | 9,326<br>41.43% | 22,510<br>100% |
| **Community/ Home Support Long Term Care** | 2,009<br>2.43% | 11,086<br>13.39% | 8,581<br>10.37% | 21,646<br>26.15% | 28,350<br>34.24% | 11,115<br>13.43% | 82,787<br>100% |
| **Continuing Care[2] Long Term Care** | 2,022<br>2.02% | 11,592<br>11.57% | 9,292<br>9.27% | 23,973<br>23.92% | 23,605<br>34.53% | 18,729<br>18.69% | 100,213<br>100% |

[1] Age as of April 1, 1989

[2] Continuing care refers to unique clients.

## TABLE 26: FACILITY CONSTRUCTION PROJECTS COMPLETED

1989/1990

| Facility | Project | Total Project Cost |
|---|---|---|
| Maplewood House<br>Abbotsford | New 75-bed Intermediate Care Unit | $ 4,125,000 |
| Menno Home<br>Abbotsford | Intermediate Care Replacement | 2,700,000 |
| New Vista Home<br>Burnaby | Intermediate Care Conversion | 3,000,000 |
| Campbell River and District Hospital | Acute Expansion | 12,937,000 |
| Windermere District Hospital<br>Invermere | Replacement Acute Hospital | 5,000,000 |
| Kelowna General Hospital | Services Expansion | 950,000 |
| Lillooet District Hospital | Additions and Renovations | 2,500,000 |
| Tom Uphill Memorial Home<br>Fernie | Additions and Renovations | 9,900,000 |
| Nanaimo Regional Hospital | Code Upgrading | 900,000 |
| Lions Gate Hospital<br>North Vancouver | Case Room/Nursery Replacement | 950,000 |
| Powell River General Hospital | New 60-bed Extended Care Unit | 7,767,000 |
| Juan de Fuca Hospital (Aberdeen)<br>Victoria | Extended Care Unit Replacement | 13,884,000 |